Nebraska Behavioral Risk Factor Survey 1991-1992

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September, 1994

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Supported in part by:
The Centers for Disease Control
Cooperative Agreements
No. U58/CCU702121-05
&
No. U58/CCU702121-06

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EXECUTIVE SUMMARY

Introduction

The Nebraska Behavioral Risk Factor Survey (BRFS) has been conducted annually from 1986 through 1992 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these studies can be used to target health education and risk reduction activities in order to lower rates of premature death and disability.

Methodology

This survey is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in 49 states.

Telephone surveys with 2,979 randomly selected Nebraska residents aged eighteen years or older were conducted by the Nebraska Department of Health during 1991 and 1992.

Summary Of Results

A comparison of prevalence estimates for selected risk factors is shown for Nebraska and the nation in Table 1. Nebraska fared better than the nation in prevalence of cigarette smoking, elevated blood cholesterol level and proportion of adults without a health care plan.

On the other hand, prevalence of safety belt nonuse for adults was much higher than the national average. The proportion of children aged four years and younger who are not always buckled into a car seat or safety restraint was also higher in Nebraska. Women in Nebraska were less likely than women nationwide to receive mammograms. In addition, Nebraskans were somewhat less knowledgeable than Americans in general about where they could go to be tested for HIV/AIDS.

For the remaining risk factors for which comparable national data are available, Nebraska scored near the median for all states.

Analysis of behavioral profiles indicates that, in general, certain segments of the population are at greater risk of premature death or disability than the population as a whole. Young adults aged 18 to 24, persons with lower levels of educational attainment (particularly those with less than a high school education) and low-income residents are often at greater risk due to the health-related behaviors measured in this study.

TABLE 1

COMPARISON OF PREVALENCE--
SELECTED BEHAVIORAL RISK FACTORS AND PREVENTIVE HEALTH MEASURES
Nebraska vs. United States

	Nebraska Prevalence 1991 -1992 %	National BRFSS Prevalence 1992 %
BETTER THAN NATIONAL AVERAGE		
Cigarette smoking	20	23
Ever told by health professional that blood cholesterol level is high	23	27
No health insurance	11	14
ABOUT THE SAME AS NATIONAL AVERAGE		
No leisure-time physical activity	26	27
Never had blood cholesterol level checked	34	33
Overweight (Body Mass Index)	24	24
Smokeless tobacco use (males)	9	9
Heavy drinking	3	3
Do not participate in regular/vigorous physical activity	88	86
Do not participate in regular/sustained physical activity	82	80
Have not had Pap smear in past 2 years	23	21
No functional smoke detector in home	18	16
Binge drinking	16	14
Never had Pap smear	8	6
Drinking and driving	4	2
WORSE THAN NATIONAL AVERAGE		
Do not know where to go to be tested for AIDS virus	13	9
Never had mammogram (women aged 40+)	34	26
Have not had mammogram in past 2 years (women aged 50+)	50	38
Safety belt or car seat not used all the time for children aged 4 years and younger	15	10
Sometimes, seldom or never use safety belt	47	19

Highlights For Specific Risk Factors

Safety Belt Nonuse
Nebraska ranked third highest in the nation in terms of safety belt nonuse, with nearly half (47 percent) of adult Nebraskans saying they "sometimes," "seldom" or "never" wear safety belts when driving or riding in a car.

Injury Prevention and Child Safety

Eighteen percent of respondents to this survey reported that they do not currently have a working smoke detector in their household.

Most households with children aged ten or younger (85 percent) have the telephone number of the Poison Control Center available. However, 59 percent of the respondents with children in this age bracket said they had no ipecac syrup in their home at the time of the survey.

Nine out of ten respondents (91 percent) said that no one in their household had used a thermometer to test the temperature of the hot water in the past twelve months.

In households with a child aged ten or younger, more than one-fourth of respondents (28 percent) said their youngest child is not always buckled in a car safety seat or a safety belt when riding in a car. Among households with a child aged four or younger, 15 percent reported that the youngest child was not buckled in "all the time."

Alcohol Misuse

Sixteen percent of adult Nebraskans stated that they had five or more alcoholic drinks on at least one occasion during the past month (i.e., binge drinking).

Prevalence of heavy drinking was 3 percent among adults in the Nebraska survey, while 4 percent of respondents reported drinking and driving during the past month.

Smoking

One-fifth (20 percent) of Nebraskans over aged eighteen stated they they currently smoke cigarettes.

Smokeless Tobacco Use

Nine percent of males aged eighteen and older stated that they currently use smokeless tobacco.

Overweight

Approximately one-fourth of adult Nebraskans (24 percent) reported heights and weights which placed them in the overweight category, based on the Body Mass Index (BMI).

More than sixty percent (61 percent) of the respondents who were classified as overweight said they were trying to lose weight at the time of the survey. However, only 40 percent of the overweight respondents who were trying to lose weight used the recommended combination of reduced calorie intake and increased physical activity in an attempt to achieve weight loss.

Sedentary Lifestyle

More than half of adult Nebraskans (56 percent) either said they had not participated in any physical activities or exercise during the past month (26 percent) or had only participated irregularly (30 percent). These respondents are considered to be at risk due to sedentary lifestyle.

Diabetes

Five percent of adult Nebraskans surveyed said they had been told by a doctor that they have diabetes.

HIV/AIDS

In general, survey respondents seemed to be fairly knowledgeable about HIV/AIDS. However, 34 percent believe that a person can get infected with the AIDS virus by donating blood. More than two-thirds (70 percent) think a person can become infected by being cared for by a health care worker who has the AIDS virus.

Most parents interviewed (86 percent) thought their children should begin receiving education about AIDS by the end of sixth grade. In fact, 57 percent said AIDS education should begin by the end of third grade.

When asked where they could go to be tested for AIDS virus infection, 13 percent of Nebraskans aged eighteen and older said they did not know.

High Blood Pressure

The majority of Nebraska residents surveyed (87 percent) said they had a blood pressure reading taken by a doctor, nurse or other health professional in the past twelve months.

Eighteen percent of respondents were categorized as currently hypertensive; that is, they had been told more than once by a health professional that they had high blood pressure or they were currently prescribed an antihypertensive medication.

Cholesterol Level

More than one-third of survey respondents had never had their blood cholesterol checked.

Among those who ever had it determined, 72 percent did not know their blood cholesterol level. About one-fourth (23 percent) said they had been told by a doctor or other health professional that their blood cholesterol level is high.

Among respondents who were able to state their cholesterol levels, 19 percent reported levels above 239 mg/dL (high).

Women's Health

The proportion of Nebraska women aged forty and older who had never had a mammogram (34 percent) was higher than the 1992 national median (26 percent), ranking Nebraska 46th of the 49 states participating in the BRFS.

Eleven percent of the women surveyed said they had never had a clinical breast exam.

Less than one out of ten women who had not had a hysterectomy (8 percent) reported that they had never had a Pap smear.

Access to Health Care

Although the majority of residents surveyed said they have some kind of health care plan, 11 percent said they have none.

Nine percent of respondents stated that there had been a time in the past twelve months when potential cost of care had prevented them from seeing a physician.

Estimated Number of People at Risk

The 1991-1992 Nebraska Behavioral Risk Factor Survey shows that a substantial portion of the adult population of the state is "at risk" for one or more of the factors studied. Table 2 presents estimates of the number of Nebraskans aged eighteen and older (based on 1990 census data) who are at risk due to individual factors. Numbers of Nebraskans at risk due to smokeless tobacco use and to nonuse of mammograms are estimated based on appropriate subgroups of the adult population.

TABLE 2

Percentage and Estimated Number of Nebraskans at Risk due to Specific Risk Factors -- Nebraska Residents Aged 18 Years and Older 1991 -1992

RISK FACTOR	PERCENTAGE AT RISK	ESTIMATED NUMBER AT RISK*
Seatbelt Nonuse	47%	540205
Alcohol Misuse		
Heavy Drinking	3%	34481
Binge Drinking	16%	183900
Drinking and Driving	4%	45975
Cigarette Smoking	20%	229875
Smokeless Tobacco (Males Only)	9%	49427
Overweight (BMI)	24%	275850
Sedentary Lifestyle	56%	643649
No Leisure-Time Physical Activity	26%	298837
Current Hypertension	18%	206887
Cholesterol Level Unknown	72%	827549
Never Had Mammogram (Women Aged 40 +)	34%	112822
No Health Insurance	11%	126431

*Estimated Number at Risk = % at Risk x Nebraska Population Aged 18 and Older

Population data from U.S. Census.

Introduction

The Nebraska Behavioral Risk Factor Survey (BRFS) has been conducted annually from 1986 through 1992 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state.

This series of surveys is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in 49 states. Questions are standardized in order to ensure comparability of data with other states and to allow determination of trends over time. Information gathered in these studies can be used to target health education and risk reduction activities in order to lower rates of premature death and disability.

The current report discusses results of interviews conducted in 1991 and 1992. Major risk factors addressed in this report include: safety belt nonuse, alcohol misuse, cigarette smoking and smokeless tobacco use, hypertension, overweight, elevated cholesterol level and sedentary lifestyle. Diabetes prevalence, injury prevention and child safety, women's health, HIV/AIDS, and access to health care are also discussed.

In addition to presenting basic findings from the 1991-1992 Nebraska survey, this report also summarizes trends in prevalence over time and compares Nebraska BRFS data with national averages and survey results in surrounding states. State and national Year 2000 objectives which can be measured using BRFS data have also been compared to 1991-1992 prevalence figures to aid in assessing Nebraska's progress toward these objectives.

Methodology

Telephone surveys with 2,979 randomly selected Nebraska residents aged eighteen years or older were conducted by the Nebraska Department of Health during 1991 and 1992.

Demographic data on sex, age, race, education and household income were collected for respondents. This information was used in determining whether the prevalence of behavioral risk factors could be linked to or associated with these demographic variables. Table 3 gives the demographic distribution of survey respondents.

Reliable estimates of risk factor prevalence by race\ethnicity could not be calculated for 1991-1992 due to the small number of minority interviews conducted. However, a study of behavioral risk factor prevalence among Nebraska minority populations is underway, with results to be published in a separate report.

The proportion of the population that reported being uninsured is low in comparison to U.S. Census Bureau insurance status data; thus, the Nebraska BRFS sample appears to be skewed somewhat toward respondents who had health insurance at the time of the survey. Although a causal relationship between insurance status and prevalence of risk factors has not been demonstrated, the greater proportion of insured respondents in the sample may have affected prevalence estimates for some risk factors in this study to an unknown extent.

All data in this report were age- and sex-adjusted to the 1990 Nebraska population by use of direct standardization. This technique enables each year of the survey to be compared to all others for analysis of trends over time.

TABLE 3

Demographic Summary
1991 -1992 Nebraska Behavioral Risk Factor Survey

	# Sampled	% of Sample	Nebraska Population** Aged 18 Yrs+	% of Nebraska Population
TOTAL	2979	100	1149373	100
SEX				
Male	1257	42	549194	48
Female	1722	58	600179	52
AGE				
18-24	261	9	155887	14
25-34	610	20	486020	42
35-44	628	21		
45-54	369	12	149389	13
55-64	373	13	135009	12
65-74	380	13	117643	10
75 +	340	11	105425	9
Unknown	18	1	0	0
PLACE OF RESIDENCE*				
Urban	1271	43	536652	47
Rural	1678	56	612721	53
Unknown	30	1	0	0
EDUCATION				
Less than 8th grade	176	6		
Some high school	226	8		
High school graduate	1120	38	Not	Not
Some technical school	54	2		
Technical school grad.	84	3	Available	Available
Some college	636	21		
College graduate	471	16		
Professional	206	7		
Refused	6	0		
HOUSEHOLD INCOME				
Less than $10,000	445	15		
$10,000-14,999	342	7		
$15,000-19,999	364	12	Not	Not
$20,000-24,999	310	10		
$25,000-34,999	472	16	Available	Available
$35,000-49,000	410	14		
More than $50,000	168	6		
Don't know	335	11		
Refused	133	4		

*Urban residents are defined as persons living in Douglas, Sarpy or Lancaster counties. All other counties are considered rural.
**U.S. Census, 1990.

Results And Discussion

Safety Belt Nonuse

During 1992, 270 people were killed and another 22,227 injured in motor vehicle crashes in Nebraska. Over the five-year period 1988 through 1992, the mortality rate due to motor vehicle crashes was more than twice as high in "rural" Nebraska counties (28.6 deaths/ 100,000 population) as in Douglas, Sarpy and Lancaster counties combined (12.6). If safety belts were used consistently, a substantial proportion of auto-related deaths and injuries could be prevented.

Definition

Not at Risk - "Always" or "nearly always" use a safety belt when driving or riding in a car.

At Risk - "Sometimes," "seldom" or "never" use a safety belt when driving or riding in a car.

Current Prevalence

Slightly fewer than half (47 percent) of adult Nebraskans surveyed in 1991 and 1992 were at risk due to nonuse of safety belts.

Trend over Time

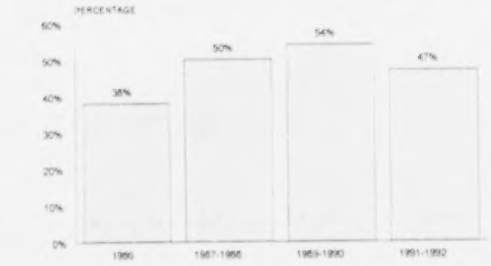
Prevalence of safety belt nonuse was lowest (38 percent) in 1986, when Nebraska's first safety belt law was in effect for most of the year. (It was repealed in November, 1986). Nonuse increased to a high of 54 percent in the 1989-1990 Behavioral Risk Factor Survey, then declined to the current level of 47 percent (Figure 1).

In January 1993, a law requiring use of safety belts in motor vehicles was implemented in Nebraska. Because of this law, it is likely that prevalence of safety belt nonuse will decrease substantially in the future.

Who's at Risk in Nebraska?

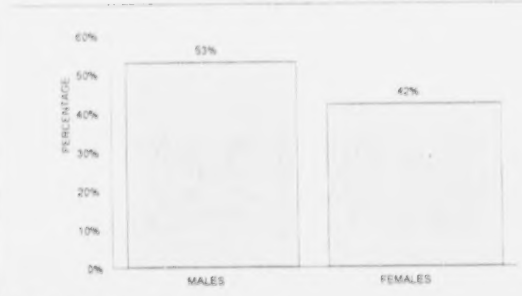
Males (53 percent) were more likely than females (42 percent) to report that they "sometimes," "seldom" or "never" use their safety belts when driving or riding in a car (Figure 2).

Figure 1
SAFETY BELT NONUSE - ADULT NEBRASKANS
(SOMETIMES, SELDOM OR NEVER USE)



SOURCE: Nebraska BRFS 1986-1992

Figure 2
PREVALENCE OF SEAT BELT NONUSERS -
MALE / FEMALE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

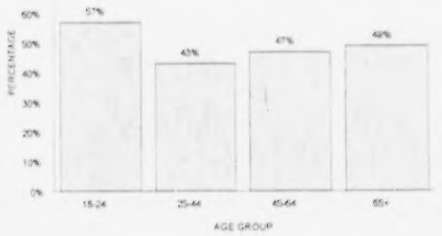
Prevalence of safety belt nonuse was higher among young adults aged 18 to 24 years (57 percent) than among adults aged 25 and up (46 percent). (See Figure 3).

The proportion of residents who reported nonuse of safety belts was higher in rural areas (56 percent) than in urban counties (36 percent). (Figure 4).

In general, Nebraska residents with less education were more likely to be at risk due to nonuse of safety belts than those with more education (Figure 5). Two-thirds (67 percent) of residents with less than a high school education stated that they "sometimes," "seldom" or "never" use safety belts, while only about one-fourth (27 percent) of the respondents with the most years of schooling (college graduates/ professionals) reported nonuse of safety belts.

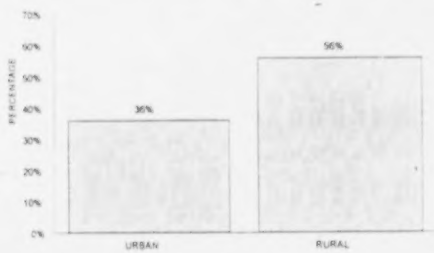
The proportion at risk due to nonuse of safety belts was greater among respondents with annual household incomes under $20,000 (57 percent) than among those with incomes of $20,000 and above (44 percent). (Figure 6).

Figure 3
PREVALENCE OF SEAT BELT NONUSERS
BY AGE (1991 - 1992)



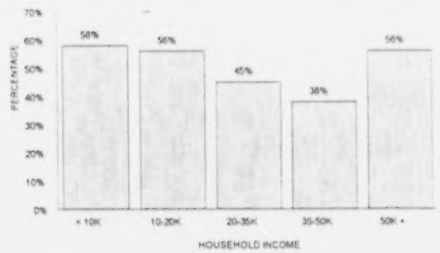
SOURCE: Nebraska BRFS 1991-1992

Figure 4
PREVALENCE OF SEAT BELT NONUSE
BY PLACE OF RESIDENCE (1991 - 1992)



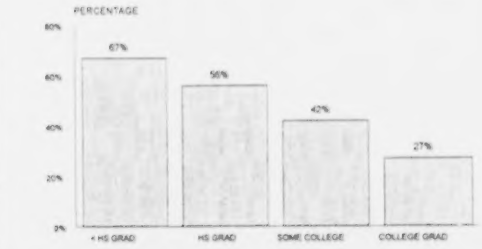
SOURCE: Nebraska BRFS 1991-1992

Figure 6
PREVALENCE OF SEAT BELT NONUSE
BY INCOME LEVEL (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 5
PREVALENCE OF SEAT BELT NONUSE
BY EDUCATION LEVEL (1991-1992)

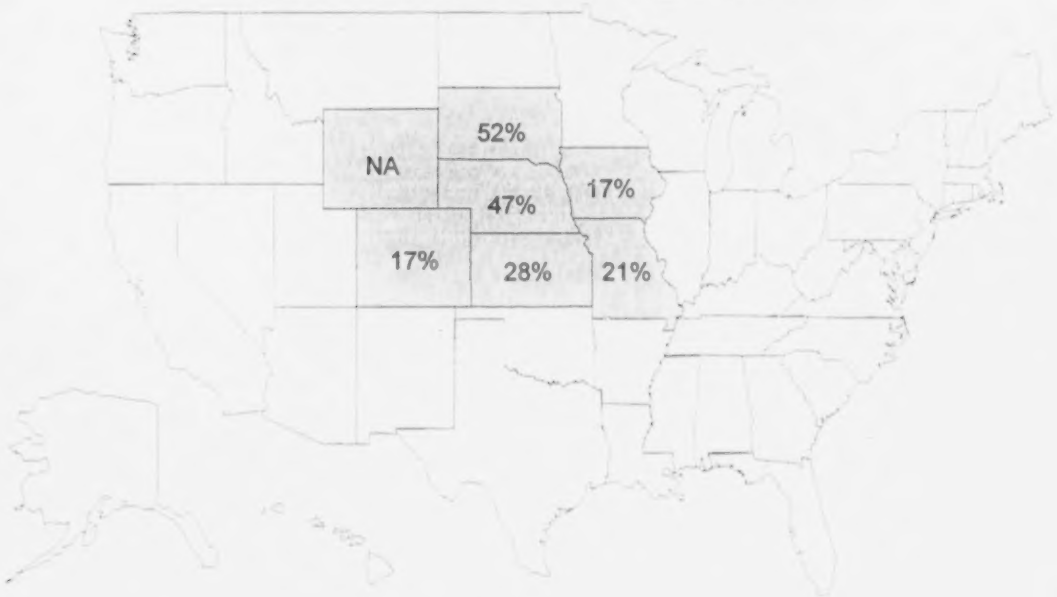


SOURCE: Nebraska BRFS 1991-1992

Nebraska and the Nation

Nebraska ranked third highest in the nation in prevalence of safety belt nonuse. South Dakota reported the highest percentage of nonuse with 52 percent. On the average, 19 percent of Americans in the 49 states participating (Wyoming did not participate) in the 1992 BRFSS said they sometimes, seldom or never use safety belts when driving or riding in a car (Figure 7).

Figure 7 - Prevalence of Safety Belt Nonuse
Nebraska and Surrounding States



National Average = 19%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92; Other States, 1992

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
9.12	Do Not "Always" or "Nearly Always" Use Safety Belt	47%	15%	19%	15%*

*Based on direct observation of traffic; includes use by infants and children.

Injury Prevention And Child Safety

Injuries rank fourth among the leading causes of death in Nebraska. However, since many of the deaths due to unintentional injuries occur among relatively young individuals, injury deaths account for more potential years of life lost than any other cause of death in the state except cancer. An average of 15,947 potential years of life was lost annually due to unintentional injuries over the five-year period 1986 through 1990.

The Nebraska Behavioral Risk Factor Survey asked several questions relating to injury prevention in 1991 and 1992, in addition to the queries about adult safety belt usage.

Smoke Detectors

Definition

Currently do not have - Answered "no" to question, "Is there a working smoke detector in your household?"

Current Prevalence

Although the majority of respondents reported that they currently had a working smoke detector in their household, 18 percent did not.

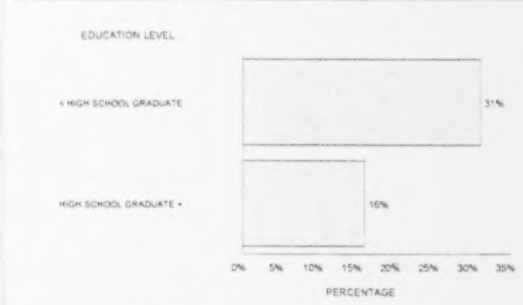
Who's at Risk in Nebraska?

Respondents with less than a high school education (31 percent) were more likely than those with more education (16 percent) to say they did not have a working smoke detector (Figure 8). Similarly, the percentage of persons with annual incomes below $20,000 (24 percent) who indicated they did not have this device in their homes (Figure 9) was greater than the percentage of respondents with incomes of $20,000 or higher (13 percent).

Nebraska and the Nation

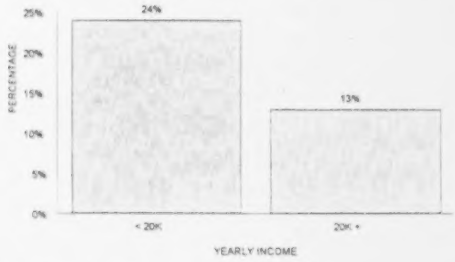
The prevalence of households without a functional smoke detector was a little higher than the national median (16 percent) in Nebraska (18 percent).

Figure 8
NO SMOKE DETECTOR IN HOME BY EDUCATION LEVEL
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 9
NO SMOKE DETECTOR IN HOME
BY INCOME (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Assuming an average of seventy productive years of life for Nebraskans, for each individual:
Potential Years of Life Lost = 70 Productive Years of Life minus
Age of Person at Death.
For a particular cause of death in the state, potential years of life lost equal the sum of years lost for all persons in the state dying from this cause during a designated time period. If a person dies at age seventy years or older, no potential years of life are considered lost.

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991 -92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
9.17	No Functional Smoke Detector in Home	18%	--	16%	0%

Poison Prevention And Control

Definition

Have telephone number - Answered "yes" to question, "Do you have the telephone number for a poison control center in your area?"

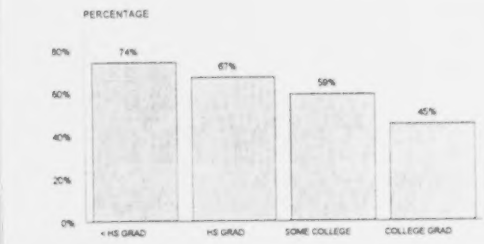
Have ipecac syrup - After being read a description of ipecac syrup, a medication "which is sometimes taken to cause vomiting after something poisonous is swallowed," answered "yes" to question, "Do you now have any ipecac syrup in your household?"

Current Prevalence

In households with a child aged ten or younger, the majority of respondents (85 percent) said they have the telephone number of the Poison Control Center available in their home. Thus, 15 percent of households surveyed are considered at risk because of the unavailability of this telephone number in an emergency.

More than half (59 percent) of the respondents in these households with children said they had no syrup of ipecac in their home at the time of the survey.

Figure 10
HOUSEHOLDS WITH CHILDREN THAT DO NOT HAVE SYRUP OF IPECAC BY EDUCATION LEVEL * (1991-1992)



* households with children under 10 years of age

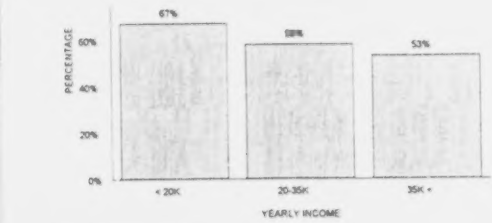
SOURCE: Nebraska BRFS 1991-1992

Who's at Risk in Nebraska?

The proportion of respondents who did not have ipecac syrup was highest among persons with the least education and decreased with additional years of schooling (Figure 10). Nearly three-fourths of respondents with less than a high school education (74 percent) said this preparation was not currently available in their home. Less than half of college graduates and professionals (45 percent) had no ipecac syrup in their households at the time of the survey.

Nebraska residents with annual incomes below $20,000 (67 percent) were also less likely than those with incomes of $20,000 to $34,999 (58 percent) or $35,000 and above (53 percent) to say they did not have this product on hand in their household (Figure 11).

Figure 11
HOUSEHOLDS WITH CHILDREN THAT DO NOT HAVE IPECAC SYRUP BY INCOME (1991-1992)



* households with children under 10 years of age

SOURCE: Nebraska BRFS 1991-1992

Testing Hot Water Temperature

Definition

At risk - Answered "no" to question, "In the past 12 months, have you (or anyone in your household) used a thermometer to test the temperature of the hot water?"

Current Prevalence

Nine out of ten respondents (91 percent) were considered at risk of injury, because no one in their household had used a thermometer to test the temperature of the hot water in the past twelve months.

No trends were apparent by age, sex, educational attainment or household income of respondents.

Child Safety Restraints

Definition

Not at Risk - In households with a child aged ten years or younger, youngest child is buckled in a car safety seat or seatbelt "all the time."

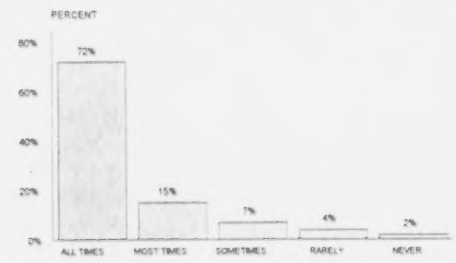
At Risk - In households with a child aged ten years or younger, youngest child is buckled in a car safety seat or seatbelt "most of the time," "sometimes," "rarely," or "never."

Current Prevalence

In households with a child aged ten or younger, less than three-fourths of respondents (72 percent) said their youngest child is always buckled in a car safety seat or a safety belt when riding in a car (Figure 12). An additional 15 percent stated that this child was buckled in "most of the time", while 7 percent reported usage of child safety restraints "some of the time." Altogether, 6 percent said they "rarely" or "never" use a safety restraint for this child in the car.

Thus, more than one-fourth (28 percent) of households with children aged ten or younger had at least one child at risk due to nonuse of child safety restraints.

Figure 12
USE OF A CAR SAFETY SEAT OR SEATBELT FOR A CHILD 10 YEARS OF AGE OR YOUNGER (1991-1992)



SOURCE: Nebraska BRFS 1991-1992

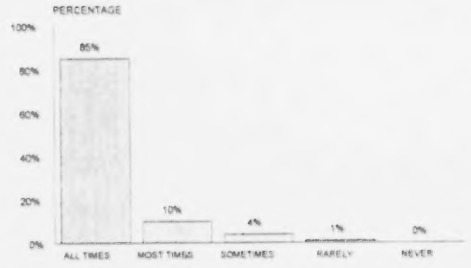
Among households with a child aged four years or younger, 85 percent of respondents to the 1992 survey reported that the youngest child was buckled in a child safety seat or safety belt "all the time" (Figure 13). An additional 10 percent said they used a safety restraint "most of the time."

Altogether, 15 percent of households with a child aged four or younger had at least one child at risk due to nonuse of safety seats or safety belts.

No trends were apparent by age, sex, educational attainment or household income of respondents.

With the January 1993 implementation of the Nebraska law requiring use of safety belts in motor vehicles, it is likely that the percentage at risk will decrease in future studies.

Figure 13
USE OF A CAR SAFETY SEAT OR SEATBELT FOR A CHILD 4 YEARS OF AGE OR YOUNGER (1991-1992)



SOURCE: Nebraska BRFS 1991-1992

Nebraska and the Nation

The prevalence of safety belt or car seat use for children aged four years or younger in Nebraska (85 percent) was below the national median of 90 percent.

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991 -92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
9.12	Safety Belt/Car Seat Nonuse Children Aged 4 Yrs. & Under	15%	--	10%	5%

Alcohol Misuse

Alcohol misuse is implicated in nearly half of all the nation's deaths due to motor vehicle accidents and suicides/homicides. Heavy alcohol consumption is also responsible for the greatest proportion of cases of cirrhosis of the liver, a leading cause of death among Nebraskans. In addition, alcohol use during pregnancy is the leading preventable cause of birth defects. Thus, alcohol misuse is a risk factor with serious potential consequences which could be eliminated or reduced by changing drinking behavior.

Binge Drinking

Definition

Binge drinking - five or more drinks of alcohol (beer, wine, wine coolers, cocktails, or liquor) on at least one occasion during the past month.

Current Prevalence

Sixteen percent of adult Nebraskans stated that they had five or more alcoholic drinks on at least one occasion during the past month.

Trend over Time

Binge drinking was highest in the first Nebraska BRFS (1982), when 24 percent of adults reported this behavior (Figure 14). The rate had decreased to 18 percent in the 1987-1988 study. Since then, prevalence has declined slightly in each of the last two surveys to the current 16 percent.

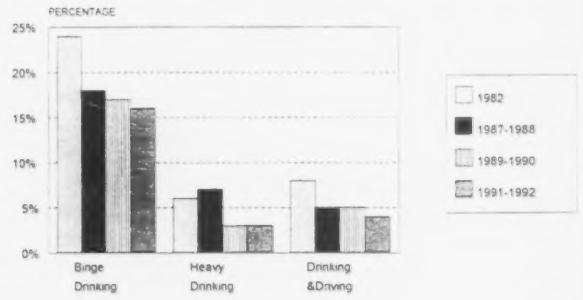
Who's at Risk in Nebraska?

Males (26 percent prevalence) were much more likely than females (8 percent) to report that they had five or more alcoholic drinks on an occasion during the past month (Figure 15).

Figure 14

PREVALENCE OF ALCOHOL MISUSE

AMONG ADULT NEBRASKANS

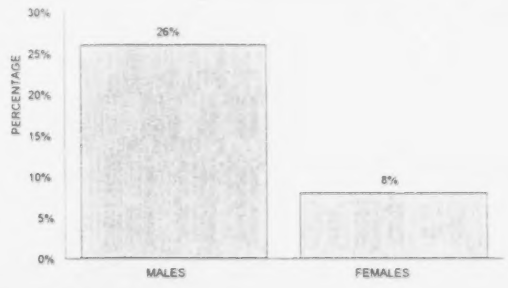


SOURCE: Nebraska BRFS 1982-1992

Figure 15

PREVALENCE OF BINGE DRINKING

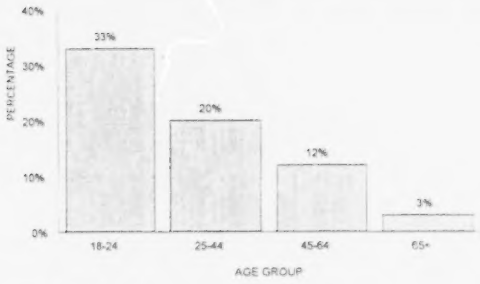
MALE\FEMALE 1991-1992



SOURCE: Nebraska BRFS 1991-1992

Prevalence of binge drinking was also substantially higher among residents 18 to 24 years of age (33 percent) than among older residents (Figure 16). In fact, prevalence of binge drinking appeared to decrease with increasing age of respondents. One-fifth (20 percent) of Nebraskans 25 to 34 years of age reported binge drinking in the past month, while 12 percent of those in the 35-to-54 age bracket said they had. Among residents aged 65 and over, only 3 percent were classified as "binge" drinkers.

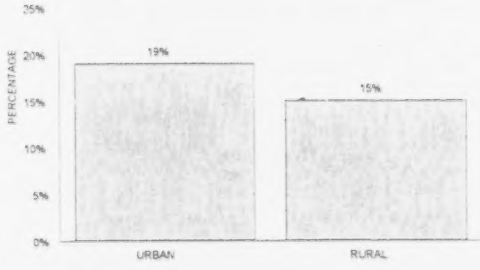
Figure 16
PREVALENCE OF BINGE DRINKING BY AGE
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Prevalence varied little between urban and rural residents, with urban Nebraskans (19 percent) only slightly more likely than those living in rural areas (15 percent) to report binge drinking (Figure 17).

Figure 17
PREVALENCE OF BINGE DRINKING BY
PLACE OF RESIDENCE (1991 - 1992)



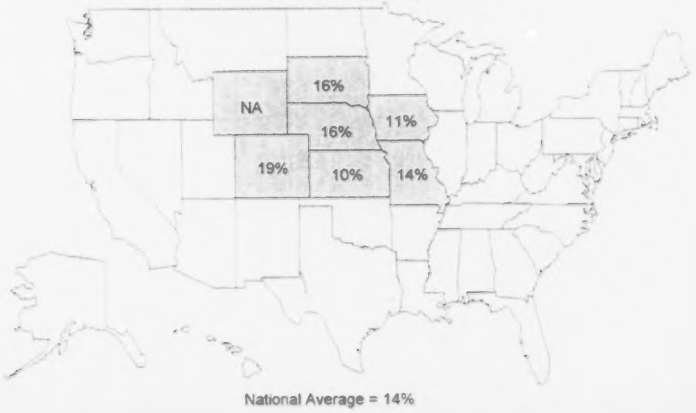
SOURCE: Nebraska BRFS 1991-1992

No trends were apparent in prevalence of binge drinking by educational attainment or by household income of respondents.

Nebraska and the Nation

Nationally, about 14 percent of adults responding to the 1992 BRFS reported binge drinking in the past month (Figure 18). Compared to the five surrounding states participating in the study, prevalence was higher in Nebraska (16 percent) than in Kansas (10 percent), Iowa (11 percent) and Missouri (14 percent), but lower than in Colorado (19 percent).

Figure 18 - Prevalence of Binge Drinking
Nebraska and Surrounding States



National Average = 14%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92;
Other States, 1992

Heavy Drinking

Definition
Heavy drinking - sixty or more alcoholic drinks in the last month.

Current Prevalence
Prevalence of heavy drinking was 3 percent among adult Nebraskans in this survey.

Trend over Time
The proportion of respondents who said they had sixty or more alcoholic drinks in the past month decreased from 7 percent in the 1987-1988 survey to 3 percent each in the 1989-1990 and 1991-1992 studies (Figure 14, pg. 17).

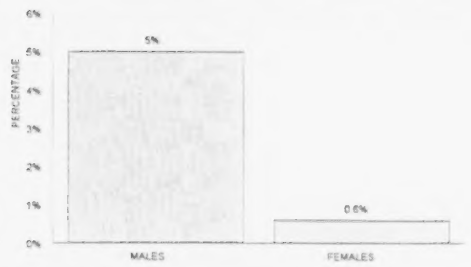
Who's at Risk in Nebraska?
Males (5 percent) were more likely than females (1 percent) to report behavior that placed them in the "heavy drinker" category (Figure 19).

Prevalence of heavy drinking was higher among young adults aged 18 to 24 years (6 percent) than among older Nebraskans (2 percent for respondents aged 25 and older). (See Figure 20).

There was little difference in prevalence of heavy drinking between respondents living in urban counties (3 percent) and those in rural counties (2 percent). Prevalence also did not vary substantially by educational level or income of respondents.

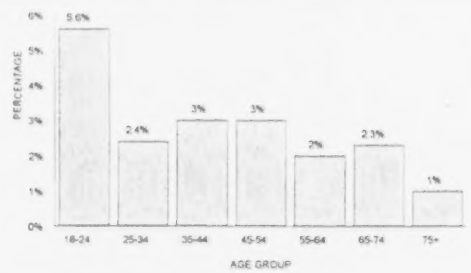
Nebraska and the Nation
As in Nebraska, reported prevalence of heavy drinking was 3 percent nationwide. Rates in surrounding states also varied little from this figure (Figure 21).

Figure 19
PREVALENCE OF HEAVY DRINKING - MALE / FEMALE (1991-1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 20
PREVALENCE OF HEAVY DRINKING BY AGE
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 21 - Prevalence of Heavy Drinking
Nebraska and Surrounding States

National Average = 3%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92, Other States, 1992

Drinking And Driving

Definition
Drinking and Driving - driving after having had "perhaps" too much to drink.

Current Prevalence
Overall, 4 percent of the respondents to this survey reported drinking and driving during the past month.

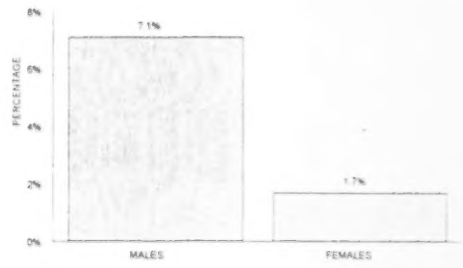
Trend over Time
Self-reported drinking and driving was highest in 1982 when 8 percent of adult Nebraskans said they had driven after having had "perhaps" too much to drink (Figure 14, pg. 17). In the 1987-1988 Behavioral Risk Factor Survey, prevalence had decreased to 5 percent. The drinking and driving rate has declined only slightly since then to the current (1991-1992) prevalence of 4 percent.

Who's at Risk in Nebraska?
As with the other measures of alcohol misuse tabulated in this study, males (7 percent) were more likely than females (2 percent) to say they had driven after having had "perhaps" too much to drink (Figure 22).

Young adults (aged 18 to 24) were again the age group most likely to report drinking and driving in the past month (9 percent). As age of respondent increased, prevalence decreased from 6 percent of Nebraskans aged 25 to 44 to only 1 percent of those aged 65 and older (Figure 23).

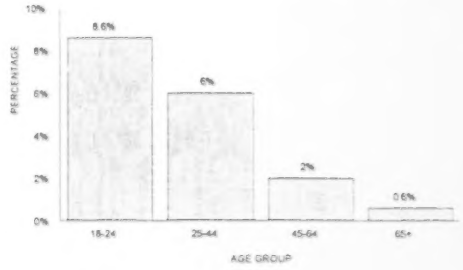
Rural Nebraskans (5 percent) were only slightly more likely than urban residents (4 percent) to state they had driven after having had "perhaps" too much to drink. Prevalence of drinking and driving did not correlate with educational attainment or household income of respondents.

Figure 22
PREVALENCE OF DRINKING AND DRIVING - MALE / FEMALE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 23
PREVALENCE OF DRINKING AND DRIVING BY AGE
1991 - 1992

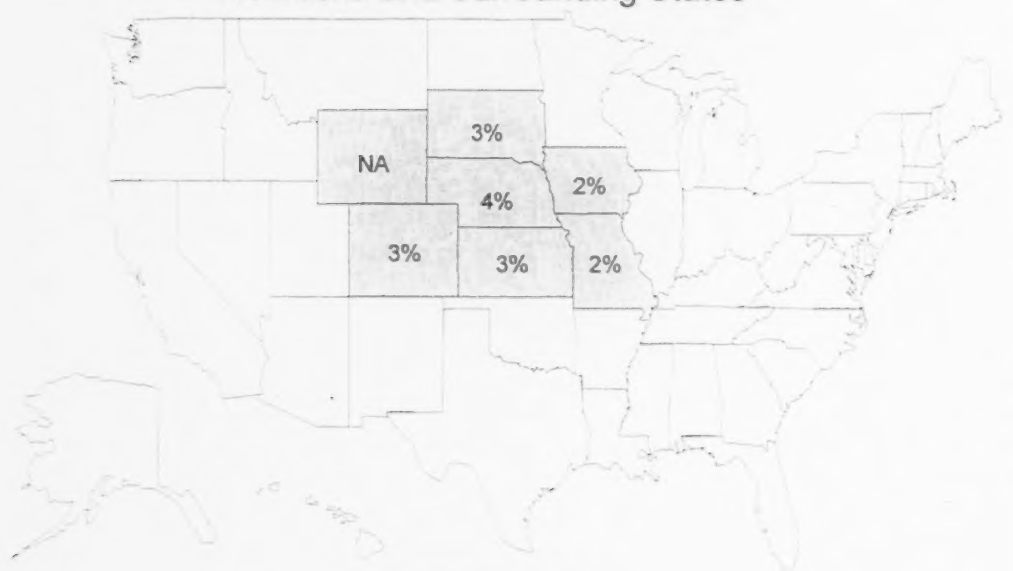


SOURCE: Nebraska BRFS 1991-1992

Nebraska and the Nation

Prevalence of drinking and driving was higher in Nebraska (4 percent) than in the United States overall (2 percent). Nebraska also reported a higher drinking and driving rate than any of the surrounding states (Figure 24), where prevalence was two to three percent of the adult population surveyed.

Figure 24 - Prevalence of Drinking & Driving
Nebraska and Surrounding States



National Average = 2%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
State Only	Prevalence of Drinking and Driving Age 18 +	4%	2%	2%	--

Cigarette Smoking

Cigarette smoking is an important behavioral risk factor which accounted for about 419,000 deaths throughout the United States in 1993. Smoking is listed as a causative factor in 21 percent of coronary heart disease deaths, 87 percent of lung cancer deaths and 30 percent of all cancer deaths combined. It is also a major risk factor for chronic lung disease, respiratory infections and stomach ulcers.

Definition

Current Smokers - persons who had smoked at least 100 cigarettes in their entire life and smoked at the time of the survey.

Former Smokers - persons who had smoked at least 100 cigarettes in their entire life but did not smoke at the time of the survey.

Current Prevalence

About one-fifth (20 percent) of Nebraskans over age eighteen stated that they currently smoke cigarettes. An additional 23 percent said they are former smokers, while 57 percent had never smoked.

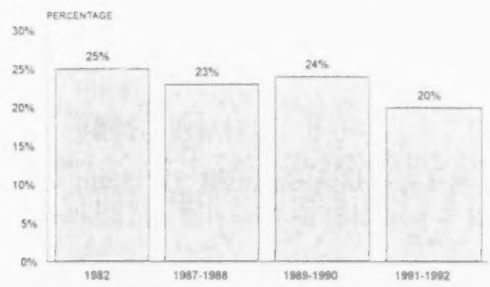
Trend over Time

Prevalence of cigarette smoking in Nebraska dropped to 20 percent in the current study from levels of 23 percent to 25 percent in previous studies (Figure 25). This decline was due primarily to a substantial decrease in 1992 smoking rates (to 17 percent). At this point, it is uncertain whether this change represents an actual decrease in prevalence or is due to sample considerations. Analysis of 1993 data should prove helpful in determining whether smoking prevalence will continue to move downward or will return to former, higher levels.

Who's at Risk in Nebraska?

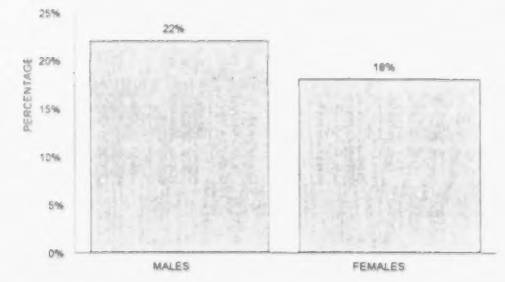
Prevalence of current smoking was somewhat higher among males (22 percent) than females (18 percent). (See Figure 26).

Figure 25
PREVALENCE OF CIGARETTE SMOKING
AMONG ADULT NEBRASKANS



SOURCE: Nebraska BRFS 1982-1992

Figure 26
CURRENTLY SMOKE CIGARETTES -
MALE / FEMALE (1991 - 1992)



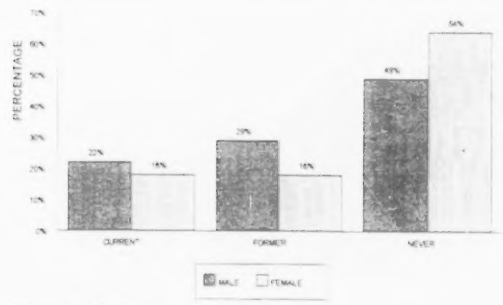
SOURCE: Nebraska BRFS 1991-1992

More than one-fourth (29 percent) of male respondents were former smokers, compared to 18 percent of females (Figure 27). Females (64 percent), on the other hand, were much more likely than males (49 percent) to state that they had never smoked.

Residents aged 25 to 44 reported the highest percentage of current smokers (25 percent). Smoking prevalence was lowest among Nebraskans aged 65 and older (11 percent). (Figure 28). Percentage of respondents aged 18 to 24 who were classified as current smokers decreased from 26 percent in the 1987-1988 BRFS to 18 percent in the 1991-1992 study.

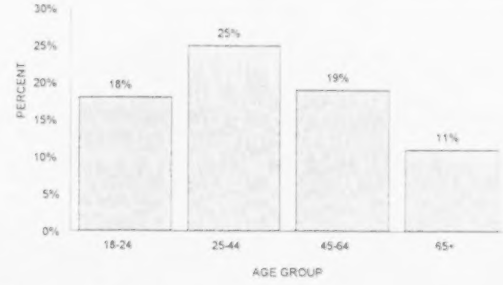
Respondents aged 75 and older and those aged 18 to 24 were more likely than those in the middle age brackets to say they had never smoked (Figure 29).

Figure 27
SMOKING STATUS - MALE / FEMALE
1991 - 1992



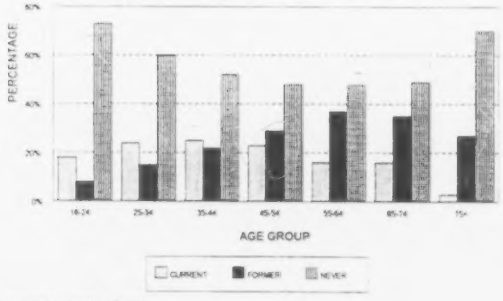
SOURCE: Nebraska BRFS 1991-1992

Figure 28
PREVALENCE OF CIGARETTE SMOKING
BY AGE 1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 29
SMOKING STATUS BY AGE
1991 - 1992



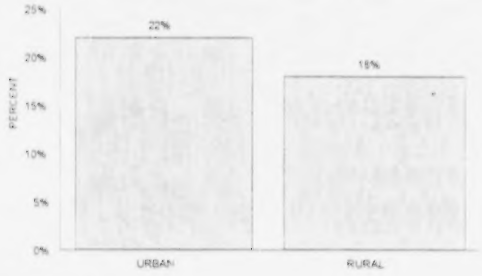
SOURCE: Nebraska BRFS 1991-1992

Smoking prevalence was only slightly higher among Nebraskans living in urban counties (22 percent) than among residents of rural counties (18 percent). (Figure 30).

Respondents with a high school education or less (24 percent) were more likely than individuals with more education to state that they currently smoke cigarettes (Figure 31). Respondents who had completed the most years of schooling (college graduates or professionals) were least likely to be current smokers (11 percent).

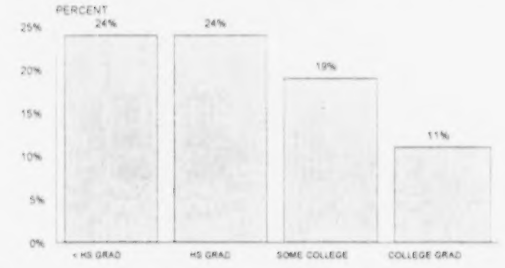
Smoking prevalence was somewhat higher among respondents with annual incomes below $35,000 (23 percent) than among those with incomes of $35,000 or more per year (16 percent). (Figure 32).

Figure 30
CURRENTLY SMOKE CIGARETTES BY PLACE OF RESIDENCE (1991-1992)



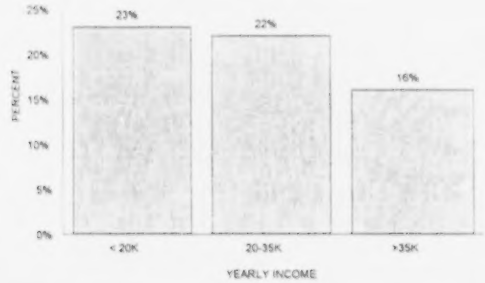
SOURCE: Nebraska BRFS 1991-1992

Figure 31
CURRENTLY SMOKE CIGARETTES BY EDUCATION 1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 32
CURRENTLY SMOKE CIGARETTES BY INCOME 1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Behavioral Characteristics

More than three-fourths of current and former smokers (80 percent) "first started smoking cigarettes fairly regularly" before the age of twenty (Figure 33).

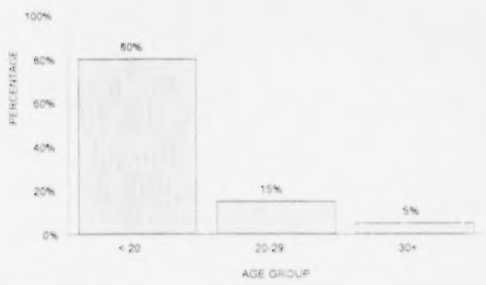
The majority of current smokers (75 percent) stated that, on the average, they smoke one pack of cigarettes or less per day (Figure 34). Most of the remaining respondents (21 percent) reported smoking from one to two packs per day.

Men in this study tended to be heavier smokers than women. Thirty percent of male respondents reported smoking more than one pack of cigarettes per day--more than double the percentage of women who smoked this heavily (14 percent).

Nebraska and the Nation

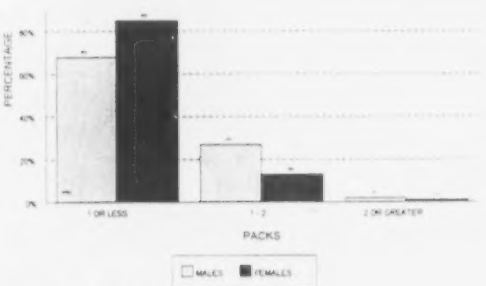
Smoking prevalence was lower than the national average (23 percent) in Nebraska in 1991-1992 (Figure 35). The smoking rate was lower in Nebraska than in any of the surrounding states except Iowa, where prevalence was also 20 percent among adults age eighteen and older.

Figure 33
AGE WHEN FIRST STARTED SMOKING REGULARLY (1991-1992)



SOURCE: Nebraska BRFS II/91-1992

Figure 34
PACKS OF CIGARETTES SMOKED PER DAY AMONG CURRENT SMOKERS (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 35 - Cigarette Smoking Prevalence
Nebraska and Surrounding States

National Average = 23%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
3.4	Current Cigarette Smoking Age 18+	20%	15%	23%	15%

Smokeless Tobacco Use

Smokeless tobacco refers to oral forms of tobacco, primarily snuff and chewing tobacco products. Oral cancer occurs much more frequently among smokeless tobacco users than among non-users and may be fifty times as frequent among long-term snuff users.

Definition

Smokeless Tobacco Users - respondents who chewed tobacco, used snuff, or did both at the time of the survey.

Current Prevalence

About 9 percent of males aged eighteen and older stated that they currently use smokeless tobacco. One-fourth (26 percent) were classified as former users, while the majority of men studied (64 percent) said they had never used smokeless tobacco products.

Trend over Time

Prevalence of smokeless tobacco use remained at 9 percent in each of the three BRFS studies conducted from 1987 through 1992.

Who's at Risk in Nebraska?

Young men aged 18 to 34 (15 percent) were much more likely than older men (5 percent) to report using smokeless tobacco (Figure 36).

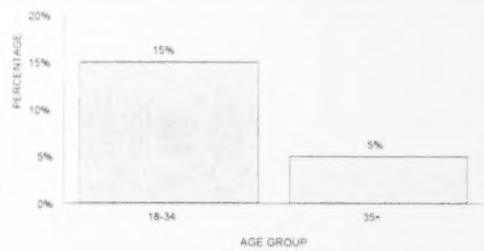
Compared to males living in urban areas (7 percent), a greater proportion of rural men (11 percent) said they currently use oral tobacco (Figure 37).

No trends were apparent by educational attainment or household income of respondents.

Nebraska and the Nation

Only thirteen states collected data on prevalence of smokeless tobacco use in 1992. As in Nebraska, an average of 9 percent of adult males in these states reported current use of these products. The two neighboring states participating in this portion of the survey, Iowa and Kansas, also reported 9 percent prevalence of smokeless tobacco use.

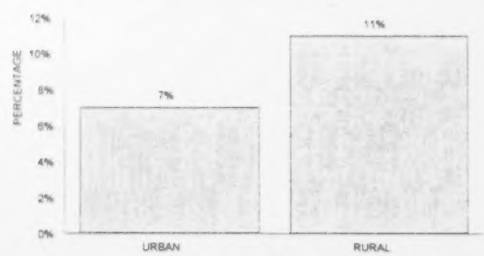
Figure 36
PREVALENCE OF SMOKELESS TOBACCO USE BY AGE * (1991 - 1992)



* males only

SOURCE: Nebraska BRFS 1991-1992

Figure 37
PREVALENCE OF SMOKELESS TOBACCO USE BY PLACE OF RESIDENCE * (1991 - 1992)



* males only

SOURCE: Nebraska BRFS 1991-1992

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
3.9	Smokeless Tobacco Use				
	Males Age 18 Years +	9%	--	9%	--
	Males Age 18-24 Years	18%	7%	--	4%

Overweight

Overweight is a serious health problem which is associated with high blood pressure, heart disease and diabetes--three of the leading causes of death in Nebraska. Although the potential health benefits of weight reduction are important, losing weight is a difficult process for most people. However, it is possible to achieve a healthy body weight using a combination of calorie reduction and increased physical activity.

Prevalence Of Overweight

Definitions

Body Mass Index (BMI) - calculated by dividing weight in kilograms by the square of height in meters. A BMI reading of greater than or equal to 27.8 for men and 27.3 for women indicates overweight.

Height and weight figures used to determine overweight were those reported by survey respondents.

Current Prevalence

Approximately one-fourth of adult Nebraskans (24 percent) reported heights and weights which placed them in the overweight category based on the Body Mass Index (BMI).

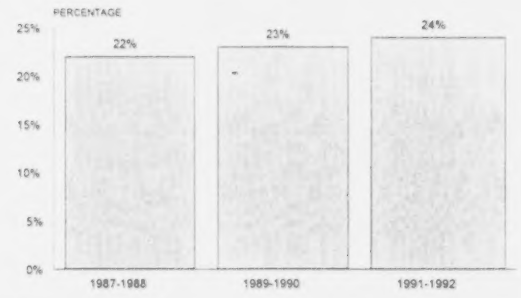
Trend over Time

Using the Body Mass Index, the proportion of Nebraskans who are at risk due to overweight has shown a gradual increase from 22 percent in the 1987-1988 study to the current 24 percent (Figure 38).

Who's at Risk in Nebraska?

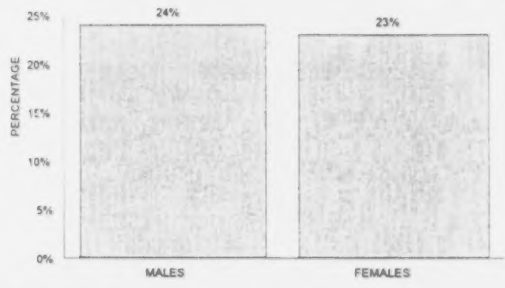
Prevalence of overweight (Figure 39) was about the same for males (24 percent) and females (23 percent).

Figure 38
PREVALENCE OF OVERWEIGHT ADULTS
(Based on Body Mass Index)



SOURCE: Nebraska BRFS 1987-1992

Figure 39
PREVALENCE OF OVERWEIGHT
MALE / FEMALE 1991 - 1992



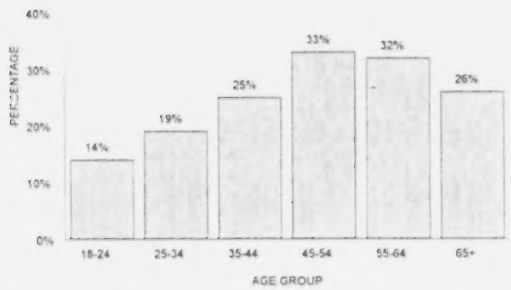
SOURCE: Nebraska BRFS 1991-1992

In general, prevalence of overweight increased with increasing age of respondent through age 64 (Figure 40), ranging from a low of 14 percent among young adults aged 18 to 24 through a high of 33 percent among Nebraskans in the 45-to-64 age bracket. About one-fourth (26 percent) of elderly residents (age 65 and older) gave responses which placed them in the overweight category.

Rural residents (26 percent) were somewhat more likely than persons living in urban areas (21 percent) to be overweight (Figure 41).

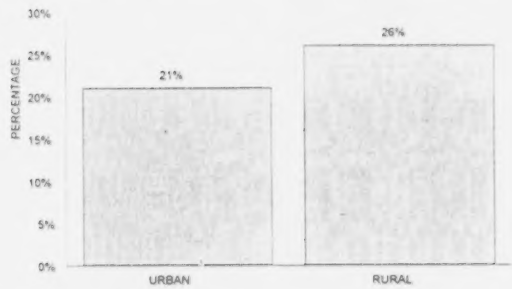
About one-fourth of Nebraska residents with less than a college degree (26 percent) indicated they were overweight based on the Body Mass Index (Figure 42). However, among respondents with college degrees or professional training, prevalence of overweight was 18 percent.

Figure 40
PREVALENCE OF OVERWEIGHT BY AGE
1991 - 1992



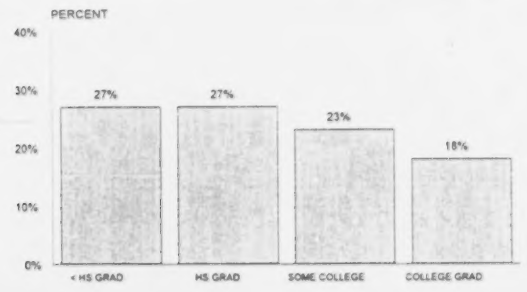
SOURCE: Nebraska BRFS 1991-1992

Figure 41
PREVALENCE OF OVERWEIGHT BY PLACE OF RESIDENCE (1991 - 1992)



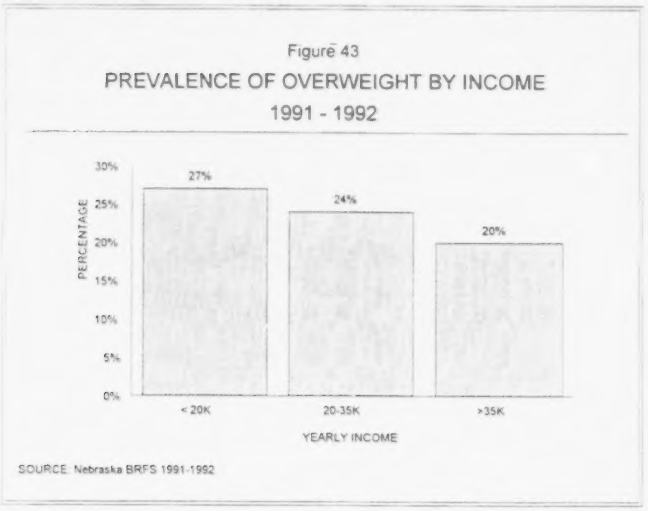
SOURCE: Nebraska BRFS 1991-1992

Figure 42
PREVALENCE OF OVERWEIGHT BY EDUCATION LEVEL (1991 - 1992)



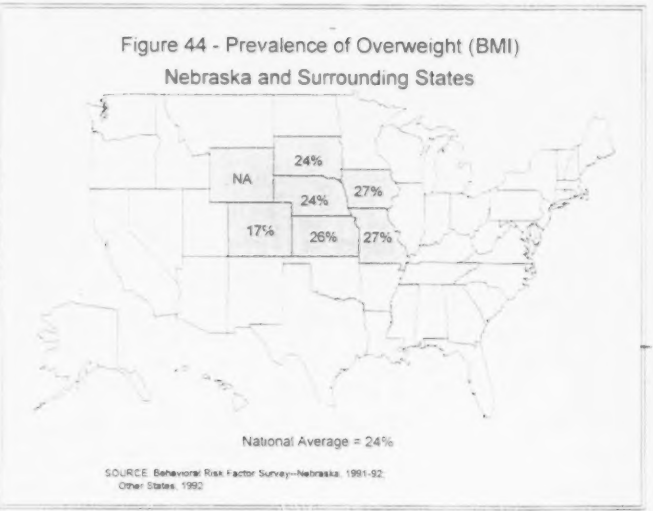
SOURCE: Nebraska BRFS 1991-1992

Residents with annual household incomes below $20,000 (27 percent) were a little more likely than those with incomes of $20,000 to $34,999 (24 percent) or incomes of $35,000 and above (20 percent) to be classified as overweight (Figure 43).



Nebraska and the Nation

As in Nebraska, nearly one-fourth (24 percent) of adults nationwide gave responses to the height and weight questions which indicated they were overweight based on the Body Mass Index (Figure 44). Among surrounding states, only Colorado reported a lower percentage of overweight residents than Nebraska (17 percent). In the other four states, prevalence of overweight ranged from 24 percent to 27 percent.



Year 2000 Objective

Objective Number	2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
1.2	Overweight (BMI) Age 18 +	24%	20%	24%	20%

Weight Loss Attempts

Current Prevalence

More than sixty percent (61 percent) of the respondents who were classified as overweight said they were trying to lose weight at the time of the survey.

In addition, 27 percent of the respondents who were not categorized as overweight using the Body Mass Index were attempting to lose weight.

Who's Attempting Weight Loss ?

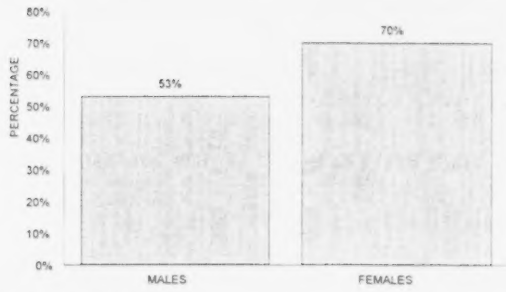
About half of the overweight men in this study (53 percent) reported trying to lose weight, compared to more than two-thirds (70 percent) of overweight women (Figure 45).

Among survey respondents who were not classified as overweight, 18 percent of men and 35 percent of women were attempting weight loss.

Respondents aged 75 and older who were categorized as overweight were much less likely than younger persons to say they were currently trying to lose weight (Figure 46); 38 percent of these elderly respondents reported current weight loss attempts, while nearly two-thirds of overweight respondents aged 18 to 74 (63 percent) said they were trying to lose weight.

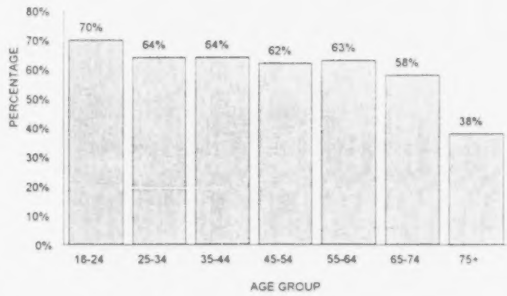
Urban residents who were classified as overweight in this study (64 percent) were a little more likely than their rural counterparts (59 percent) to report that they were attempting to lose weight (Figure 47).

Figure 45
OVERWEIGHT AND TRYING TO LOSE WEIGHT - MALE / FEMALE (1991 - 1992)



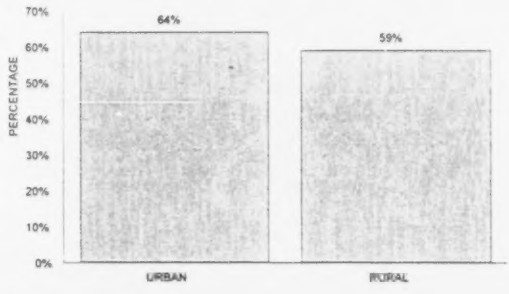
SOURCE: Nebraska BRFS 1991-1992

Figure 46
OVERWEIGHT AND TRYING TO LOSE WEIGHT BY AGE 1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 47
OVERWEIGHT AND TRYING TO LOSE WEIGHT - BY PLACE OF RESIDENCE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

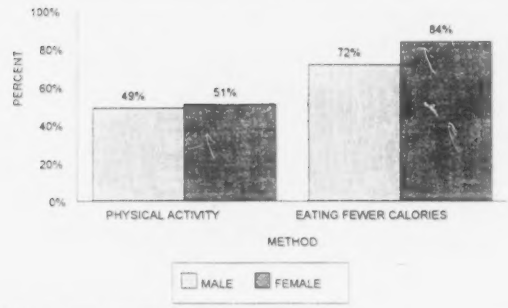
Weight Loss Methods

Among overweight respondents who were trying to lose weight, more than three-fourths (79 percent) stated that they were eating fewer calories to accomplish this objective. About half (50 percent) reported using increased physical activity to lose weight.

Women in Nebraska (84 percent) were somewhat more likely than men (72 percent) to say they were eating less to lose weight (Figure 48). Similar proportions of men (49 percent) and women (51 percent) reported using physical activity as a means of attempting weight loss.

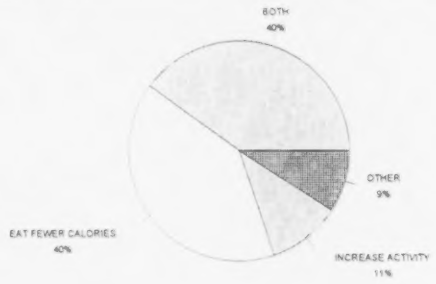
Altogether, 40 percent of overweight respondents who were trying to lose weight used the recommended combination of reduced calorie intake and increased physical activity in an attempt to achieve weight loss (Figure 49). An additional 40 percent said they were just eating fewer calories, while 11 percent stated they were using increased physical activity alone to lose weight. The remaining respondents (9 percent) gave other replies.

Figure 48
WEIGHT LOSS METHOD - MALE / FEMALE
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 49
WEIGHT LOSS METHODS USED BY OVERWEIGHT RESPONDENTS TRYING TO LOSE (1991-1992)



SOURCE: Nebraska BRFS 1991-1992

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence NHIS*	National Year 2000 Objective
1.7	% of Overweight Adults Who Use Dietary Modification and Increased Physical Activity to Lose Weight	40%	--	Males 19% Females 22%	50%

*National Health Interview Survey, 1991.

Physical Activity Levels

Evidence of the health benefits of regular physical activity continues to accumulate. Regular exercise can help to prevent heart disease, the leading cause of death among Nebraskans. In fact, studies have shown that physically inactive people are almost twice as likely to develop this disease as people who get regular exercise.

Regular physical activity can also help to prevent and control high blood pressure, diabetes and osteoporosis. It can also aid in reducing the effects of stress and in achieving and maintaining a healthy body weight. Unfortunately, despite the potential benefits to their health, a substantial proportion of Nebraskans do not engage in regular physical activity.

A complex system of determining level of physical activity has been developed by the Centers for Disease Control and Prevention for use in the Behavioral Risk Factor Surveillance System. This method has served as the basis for determining prevalence of "sedentary lifestyle" among Nebraskans beginning with the 1987-1988 BRFS.

A second measure of physical activity level, "regular and sustained physical activity", has been developed for application to 1992 and future BRFS data. This method has been used to provide an additional perspective on physical activity levels of Nebraskans. Discussion of these findings follows the section on sedentary lifestyle.

Sedentary Lifestyle

Definitions

According to CDC, "appropriate physical activity" is defined as "exercise which involves large muscle groups in dynamic movement for periods of 20 minutes or longer, three or more days per week, and which is performed at an intensity of 60 percent or greater of an individual's cardiorespiratory capacity." Based on this definition, the computer scoring system assigns each respondent to one of the following categories:

1) Sedentary--no leisure-time physical activity;
2) Irregularly Active--activity reported but duration and frequency is either less than 20 minutes per session, less than three times per week, or both;
3) Regularly Active, Not Meeting Objectives--activity reported and performed 20 minutes or more per session, three times or more per week, BUT either the "60 percent of cardiorespiratory capacity" or the "dynamic activity with large muscle groups" requirement has not been met;
4) Regularly Active, Meeting Objectives--above criteria have been met.

In this study, persons falling into the first two categories ("Sedentary" and "Irregularly Active") are considered at risk due to sedentary lifestyle. Participants whose responses indicated they were "Regularly Active" or "Met Objectives" are defined as not at risk due to sedentary lifestyle.

Current Prevalence

More than half of adult Nebraskans (56 percent) either said they had not participated in any physical activities or exercise during the past month (26 percent) or had only participated irregularly (30 percent). These respondents are considered to be at risk due to sedentary lifestyle (Figure 50).

Thirty-one percent of survey participants gave responses which categorized them as regularly active, but not meeting the objectives outlined above. Only 12 percent were "regularly active, meeting objectives" (i.e., participated in "regular, vigorous physical activity").

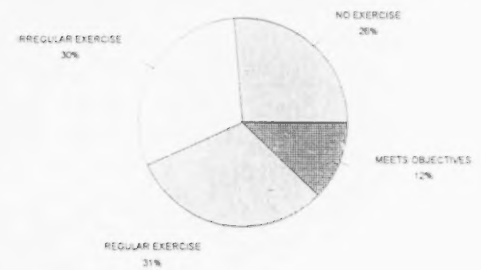
Trend over Time

The prevalence of adult Nebraskans who were classified as having a sedentary lifestyle has declined gradually over the last six years (Figure 51). The 1987-1988 BRFS showed 60 percent of respondents reporting a sedentary lifestyle. Prevalence decreased to 58 percent in the 1989-1990 study and continued downward (to 56 percent) in the current survey.

Who's at Risk in Nebraska ?

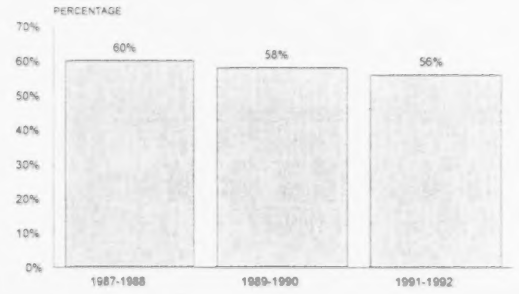
Both males (58 percent) and females (55 percent) reported a high prevalence of sedentary lifestyle (Figure 52).

Figure 50
ACTIVITY LEVEL OF ADULT NEBRASKANS
IN PAST MONTH (1991-1992)



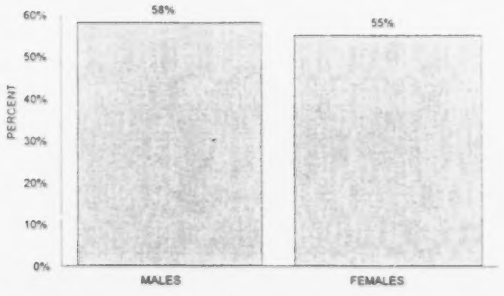
SOURCE: Nebraska BRFS 1991-1992

Figure 51
PREVALENCE OF SEDENTARY LIFESTYLE
AMONG ADULT NEBRASKANS



SOURCE: Nebraska BRFS 1987-1992

Figure 52
PREVALENCE OF A SEDENTARY LIFESTYLE -
MALE / FEMALE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

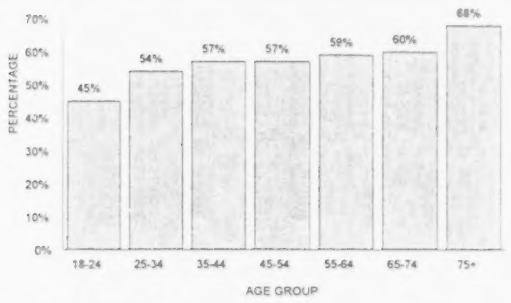
Prevalence increased with age of respondent, ranging from a low of 45 percent among 18- to 24-year-olds to a high of 68 percent among persons aged 65 years and older (Figure 53).

However, there appears to be a contingent of older Nebraskans (15 percent of those aged 45 and older) who are "regularly active" and meet the 1990 objectives for physical activity. Among younger respondents, only 10 percent met these objectives.

Rural residents (59 percent) were more likely than urban residents (53 percent) to be at risk due to sedentary lifestyle (Figure 54).

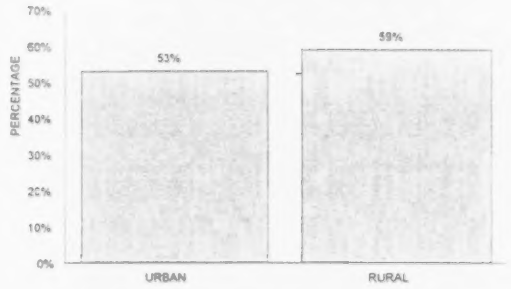
Prevalence of sedentary lifestyle was highest among respondents with the least education (Figure 55), with two-thirds (67 percent) of residents with less than a high school education indicating a sedentary lifestyle. Prevalence decreased with increasing years of school, with college graduates and professionals identified as the group with the lowest percentage at risk due to sedentary lifestyle (44 percent).

Figure 53
PREVALENCE OF SEDENTARY LIFESTYLE
BY AGE (1991 - 1992)



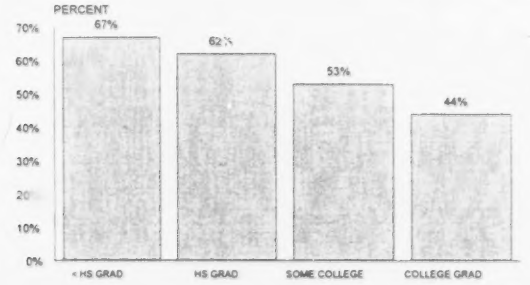
SOURCE: Nebraska BRFS 1991-1992

Figure 54
PREVALENCE OF A SEDENTARY LIFESTYLE
BY PLACE OF RESIDENCE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 55
PREVALENCE OF A SEDENTARY LIFESTYLE
BY EDUCATION (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

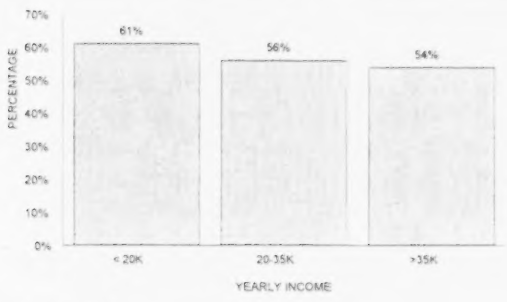
Respondents with annual household incomes under $20,000 (61 percent) were slightly more likely to report a sedentary lifestyle than residents with incomes of $20,000 to $34,999 (56 percent) or those with incomes of $35,000 or above (54 percent). (Figure 56).

Nebraska and the Nation

On the average, 27 percent of adults in the United States reported no leisure-time physical activity in the 1992 BRFS, compared to 26 percent in Nebraska (1991-1992). The Nebraska rate was lower than prevalence in each of the surrounding states, except Colorado (17 percent). Prevalence rates for "no leisure-time physical activity" in these other Midwestern states ranged from 29 percent in Kansas to 36 percent in Iowa (Figure 57).

Nebraska (88 percent) ranked above the national median (86 percent) in proportion of adults not participating in "regular, vigorous physical activity" (Figure 58). Prevalence in surrounding states varied from a low of 82% in Colorado to a high of 96% in South Dakota.

Figure 56
PREVALENCE OF A SEDENTARY LIFESTYLE
BY INCOME (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 57 - No Leisure-Time Physical Activity
Nebraska and Surrounding States

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Figure 58--No Regular/Vigorous Physical Activity
Nebraska and Surrounding States

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92;
Other States, 1992

Regular And Sustained Physical Activity

Definition

Another method of analyzing leisure-time physical activity (used in the 1992 study only) is to look at the proportion of respondents who exhibited a "regular and sustained" pattern of activity. The requirement for this category is physical activity lasting thirty minutes or more per session five or more times per week. Intensity of activity is not taken into consideration.

Current Prevalence

Based on this method, only 18 percent of adult Nebraskans exhibited a "regular and sustained" pattern of physical activity in 1992. Thus, the majority (82 percent) were not getting the level of exercise recommended in the Year 2000 objectives.

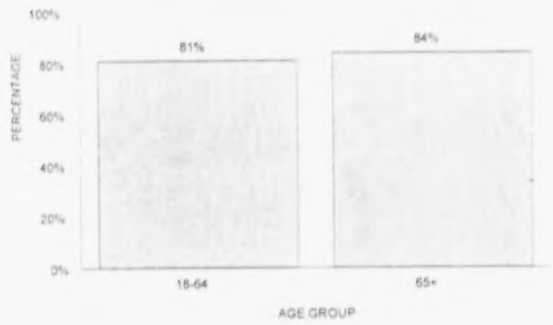
Who's at Risk in Nebraska?

Similar proportions of males (82 percent) and females (82 percent) did not participate in regular and sustained activity.

Differences by age bracket were also small, with 81 percent of adults aged 18 to 64 reporting this pattern compared to 84 percent of Nebraskans 65 and over (Figure 59).

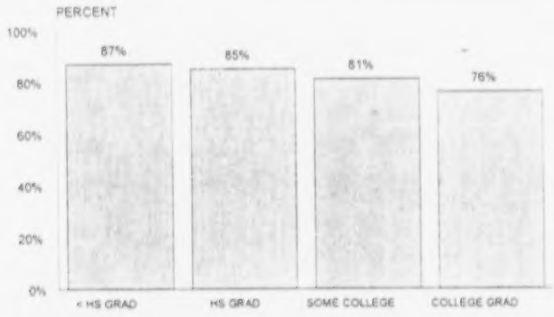
As with "sedentary lifestyle," persons with less education were somewhat more likely than respondents with more schooling to report not participating in "regular and sustained" physical activity (Figure 60). Respondents with less than a high school diploma were most likely to give answers which indicated they were not participating in regular/sustained activity (87 percent), while college graduates and professionals were least likely to show this level of activity (76 percent).

Figure 59
DID NOT PARTICIPATE IN REGULAR/SUSTAINED PHYSICAL ACTIVITY BY AGE (1991-1992)



SOURCE Nebraska BRFS 1991-1992

Figure 60
DID NOT PARTICIPATE IN REGULAR/SUSTAINED PHYSICAL ACTIVITY BY EDUCATION (1991-1992)



SOURCE Nebraska BRFS 1991-1992

Nebraska and the Nation

Eighty percent of Americans aged eighteen and older reported not participating in "regular, sustained physical activity" in the 1992 BRFS (Figure 61). Nebraska (82 percent) ranked above the national median as did Iowa (83 percent), Missouri (81 percent) and South Dakota (81 percent).

Figure 61--No Regular/Sustained Physical Activity
Nebraska and Surrounding States

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Year 2000 Objective

Although there are currently no Nebraska Year 2000 health objectives related to physical activity, comparisons can be made between Nebraska BRFS results and national objectives.

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
1.5	No Leisure-Time Physical Activity				
	Age 18+	26%	--	27%	15%
	Age 65+	40%	--	NA	22%
	Income <$20,000/Yr.	32%	--	NA	17%
1.4	Did Not Participate in Regular and Vigorous Physical Activity				
	Age 18 +	88%	--	86%	80%
1.3	Do Not Participate in Regular and Sustained Physical Activity	(1992) 82%	--	80%	70%

Diabetes

Approximately seven million people in the United States have been diagnosed with diabetes and it is estimated that another five million may have this disease but are unaware of it. Each year more than 650,000 new cases of diabetes are identified nationwide.

Diabetes often results not only in a shortened life span, but also increases the probability of various complications including progressive chronic renal failure, blindness and lower extremity amputations. Diabetes among pregnant women increases the incidence of complications of pregnancy as well as the likelihood of the infant dying at birth or being born with birth defects or other medical problems requiring intensive intervention in the first few days of life.

Definition

Have Diabetes - Have been told by a doctor that they have diabetes.

Current Prevalence

Altogether, 5 percent of adult Nebraskans surveyed said they had been told by a doctor that they have diabetes.

Who's at Risk in Nebraska?

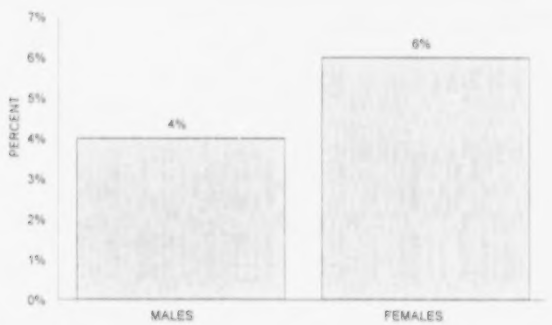
Prevalence of diagnosed diabetes was slightly higher among females (6 percent) than among males (4 percent) in this study (Figure 62).

Persons aged 55 and over (10 percent) were much more likely than younger Nebraskans (3 percent) to report that they have diabetes (Figure 63).

Figure 62

PREVALENCE OF DIABETES - MALE / FEMALE

1991 - 1992

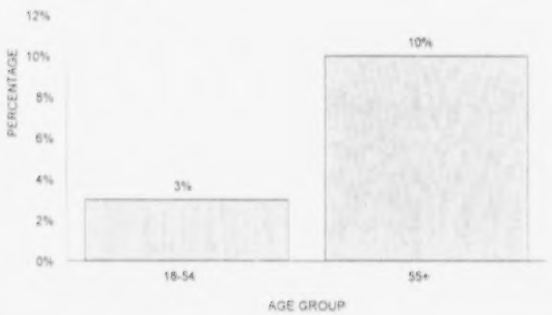


SOURCE: Nebraska BRFS 1991-1992

Figure 63

PREVALENCE OF DIABETES BY AGE

1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

HIV/AIDS

Acquired immunodeficiency syndrome (AIDS) is currently the only major disease in the United States for which mortality is rapidly increasing. According to the Centers for Disease Control and Prevention, from 1981 through June 1993, a total of 315,390 Americans have been diagnosed with AIDS. More than 60 percent of the people with AIDS have already died from the disease.

Present knowledge of HIV prevalence is limited by the small proportion of the potentially infected population that have been tested. However, based on national trends, it is estimated that between 3,500 and 4,500 Nebraskans now carry HIV. In Nebraska, as of December 1993, there were 491 confirmed cases of AIDS.

Definitions

Survey participants were asked a number of questions dealing with their knowledge of and attitudes toward HIV/AIDS-related issues. Excerpts from these questions are included (in quotes) in the discussion of results below.

Current Perceptions

In general, adult Nebraskans seemed fairly knowledgeable about HIV/AIDS. Nine out of ten respondents (94 percent) said they had "ever heard the AIDS virus called by the name HIV."

More than three-fourths of the adults surveyed in Nebraska (79 percent) know that "a person who is infected with the AIDS virus can look and feel well and healthy."

About half (54 percent) are aware that there are "drugs available which can lengthen the life of a person infected with the AIDS virus."

The majority of respondents (88 percent) are aware that "a pregnant woman who has the AIDS virus can give it to her baby."

However, one-third (34 percent) incorrectly believe that "a person can get infected with AIDS or the AIDS virus from donating blood."

More than two-thirds (70 percent) of respondents think that a person can become infected by "being cared for by a nurse, doctor, dentist, or other health care worker who has the AIDS virus."

Current Attitudes

The questions about respondents' attitudes toward AIDS-related issues revealed that two-thirds (70 percent) would "be willing to work with a person who is infected with the AIDS virus."

However, only about one-fourth of the respondents (26 percent) said they would "eat in a restaurant where the cook is infected with the AIDS virus."

When respondents who have children in school (kindergarten through eighth grade) were asked if they would allow their child to be "in the same classroom with a child who is infected with the AIDS virus," the majority (80 percent) said they would.

AIDS Education

These respondents with children were then asked, "At what grade do you think your child should begin AIDS education in school?" Most parents interviewed (86 percent) thought their children should begin receiving education about AIDS by the end of sixth grade (Figure 64). In fact, more than half (57 percent) said AIDS education should begin by the end of third grade.

Where to Go for Testing

Survey participants were also asked where they could go to be tested for the AIDS virus infection, then asked "where else" they could go for testing. Nearly two-thirds (65 percent) mentioned a private doctor or a health maintenance organization (Figure 65).

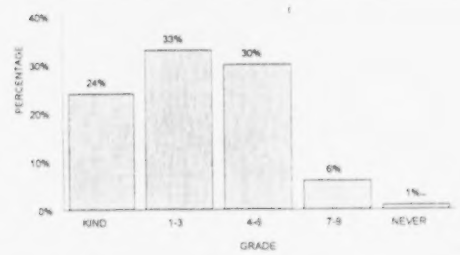
The hospital or emergency room was cited by 37 percent of Nebraska residents interviewed, with smaller percentages mentioning: the health department (13 percent), an AIDS clinic or testing site (13 percent). a community health clinic or primary care clinic (7 percent) or a blood bank, plasma center or the Red Cross (6 percent).

Altogether, 13 percent of respondents had no knowledge of where a person might go to be tested for AIDS.

Nebraska and the Nation

On the average, 9 percent of adults nationwide said they did not know where to go to be tested for the AIDS virus (Figure 66). The proportion who didn't know where to go for testing was higher than the national median in Nebraska (13 percent). The Nebraska figure was also higher than the proportion in each of the surrounding states, where percentages ranged from 6 percent in Colorado to 12 percent in South Dakota.

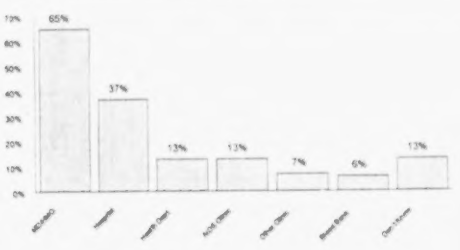
Figure 64
GRADE PARENTS FEEL THEIR CHILDREN SHOULD BEGIN AIDS EDUCATION IN SCHOOL * (1991 - 1992)



* among respondents with children in kindergarten through eighth grade

SOURCE: Nebraska BRFS 1991-1992

Figure 65
WHERE RESPONDENTS FELT THEY COULD GO TO BE TESTED FOR THE AIDS VIRUS * (1991-1992)



* total > 100% due to multiple responses

SOURCE: Nebraska BRFS 1991-1992

Figure 66--Adults Who Do Not Know Where to Go to Be Tested for Aids

National Average = 9%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States: 1992

High Blood Pressure

People with high blood pressure (hypertension) are at much greater risk of developing coronary heart disease and stroke than are those with normal blood pressure. However, hypertension can generally be controlled by consistent use of medication and/or following physician recommendations as to diet modification and weight loss.

The majority of Nebraska residents surveyed (87 percent) said they had a blood pressure reading taken by a doctor, nurse or other health professional in the past twelve months.

Definition

Currently hypertensive - (1) respondents told more than once by nurse, doctor or other health professional that they had high blood pressure or (2) respondents currently prescribed an antihypertensive medication.

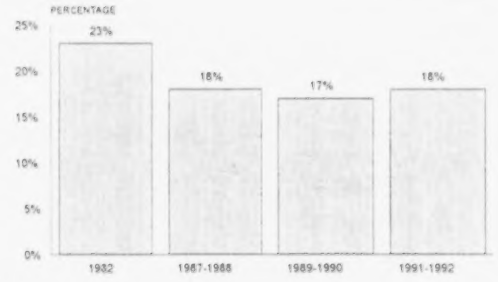
Current Prevalence

Eighteen percent of adults surveyed gave responses that indicated that they are currently hypertensive.

Trend over Time

Prevalence of hypertension among Nebraska adults decreased from a high of 23 percent in 1982 to 18 percent in the 1987-1988 BRFS (Figure 67). Hypertension rates have been stable since then, with 17 percent of respondents in 1989-1990 and 18 percent of current study respondents indicating they have high blood pressure.

Figure 67
PREVALENCE OF HYPERTENSION
AMONG ADULT NEBRASKANS

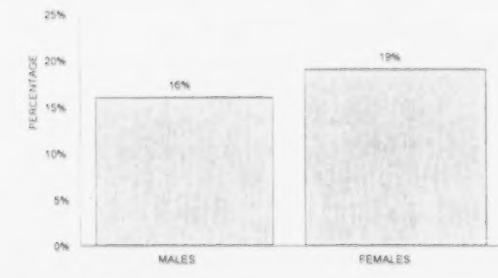


SOURCE: Nebraska BRFS 1982-1992

Who's at Risk in Nebraska?

Females (19 percent) were a little more likely than males (16 percent) to report having high blood pressure (Figure 68).

Figure 68
PREVALENCE OF HYPERTENSION -
MALE / FEMALE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Prevalence of hypertension increased with age of respondent (Figure 69). Persons aged 65 years and older (41 percent prevalence) were more likely than those aged 45 to 64 years (25 percent) or 35 to 44 years (11 percent) to say that they have high blood pressure. Only 4

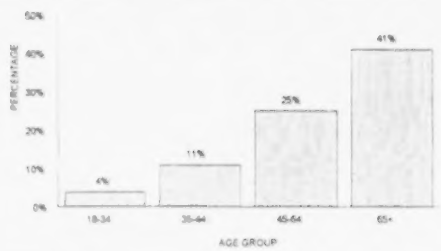
percent of young adults aged 18 to 34 stated that they have this condition.

Rural residents (19 percent) were somewhat more likely than urban residents (16 percent) to report that they have high blood pressure (Figure 70).

Prevalence of hypertension was highest among Nebraskans with less than a high school education (30 percent) and generally decreased with increasing years of schooling (Figure 71). About one-sixth (16 percent) of high school graduates and residents who had completed additional education after high school gave responses which indicated they were currently hypertensive.

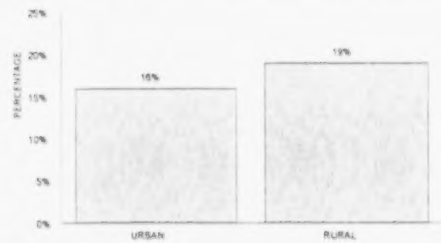
Similarly, persons with household incomes under $15,000 per year (25 percent) were more likely than residents with annual incomes of $15,000 or more (15 percent) to say that they have high blood pressure (Figure 72).

Figure 69
PREVALENCE OF HYPERTENSION
BY AGE (1991-1992)



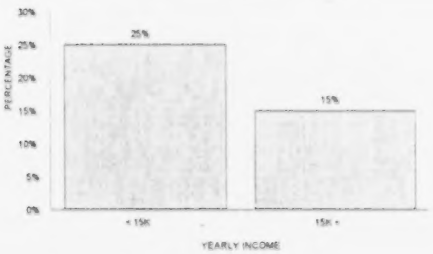
SOURCE: Nebraska BRFS 1991-1992

Figure 70
PREVALENCE OF HYPERTENSION BY
PLACE OF RESIDENCE (1991 - 1992)



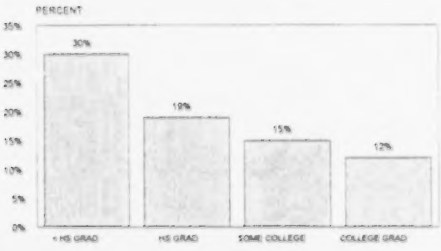
SOURCE: Nebraska BRFS 1991-1992

Figure 72
PREVALENCE OF HYPERTENSION BY INCOME
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 71
PREVALENCE OF HYPERTENSION BY
EDUCATION LEVEL (1991-1992)



SOURCE: Nebraska BRFS 1991-1992

Cholesterol Level

Because high blood cholesterol levels (above 239 mg/dL) are associated with an increased incidence of coronary heart disease, reducing the prevalence of high blood cholesterol will help to lower the proportion of the population who develop heart disease. An important first step in achieving this objective is to increase the proportion of people who have had their blood cholesterol level checked and know if it is high. For those who have high or borderline high cholesterol, making changes in dietary habits can often be effective in reducing blood cholesterol readings to healthier levels.

Ever Checked

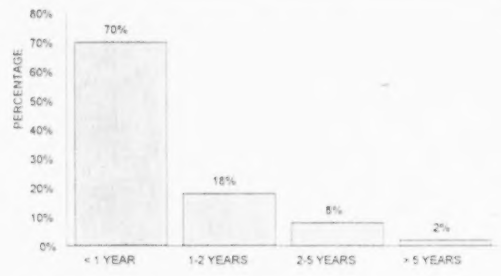
Definition
Ever checked - "Yes" to question "Have you ever had your blood cholesterol checked?"

Current Prevalence
More than one-third of respondents (34 percent) said they had never had their blood cholesterol checked.

Among those who had ever had it checked, the majority (70 percent) said they had this test done in the past twelve months (Figure 73).

Nebraska and the Nation
The proportion of adults who said they had never had their cholesterol level checked was about the same in Nebraska and surrounding states as the national average (33 percent). (See Figure 74).

Figure 73
LENGTH OF TIME FROM LAST CHOLESTEROL CHECK *
1991-1992



* among those who have reported having their cholesterol checked.

SOURCE: Nebraska BRFS 1991-1992

Figure 74- Percent of Adults
Who Never Had Cholesterol Checked

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Knowledge Of Blood Cholesterol Level

Definition

Don't Know Blood Cholesterol Level - Respondents who never had their blood cholesterol checked or answered "don't know" when asked for their blood cholesterol level, in numbers.

Current Prevalence

Despite the proportion of Nebraska residents who said they had ever had their cholesterol level checked, more than two-thirds of total respondents (72 percent) did not know their blood cholesterol level.

Trend over Time

The proportion of respondents who were unable to state their cholesterol level changed very little from the 1989-1990 BRFS, when 73 percent had no knowledge of it.

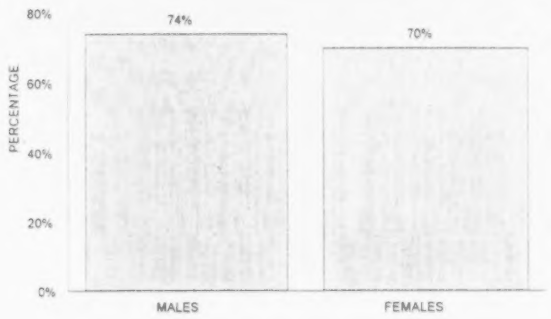
Who's at Risk in Nebraska ?

Males (74 percent) and females (70 percent) were about equally likely to say they did not know their blood cholesterol level (Figure 75).

Most 18- to 24-year-olds (91 percent) had no knowledge of it (Figure 76). About three-fourths of respondents aged 75 and older (75 percent) and those aged 25 to 34 (77 percent) were also unable to report their cholesterol level. Although respondents between the ages of 35 and 74 were more likely than other age groups to have this information, nearly two-thirds (64 percent) still were unable to state their cholesterol level when asked.

Figure 75

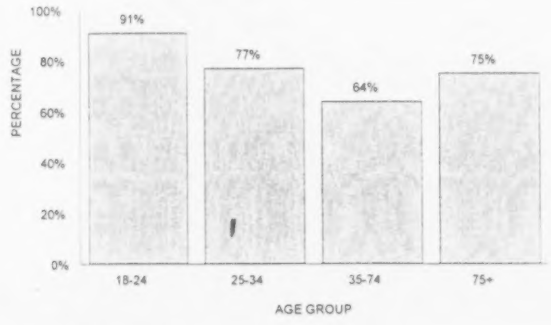
PREVALENCE OF UNKNOWN CHOLESTEROL - MALE / FEMALE (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 76

PREVALENCE OF UNKNOWN CHOLESTEROL LEVEL BY AGE (1991 - 1992)



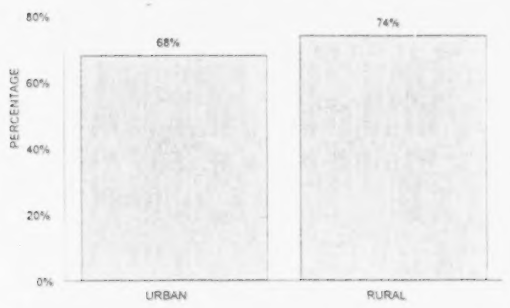
SOURCE: Nebraska BRFS 1991-1992

About three-fourths of rural residents (74 percent) did not know their blood cholesterol level, compared to 68 percent of urban residents (Figure 77).

The percentage of respondents who were unable to report their cholesterol level decreased with years of education (Figure 78). Respondents with college or technical training (64 percent) were less likely than those who had a high school education or less (78 percent) to say they did not know their blood cholesterol level.

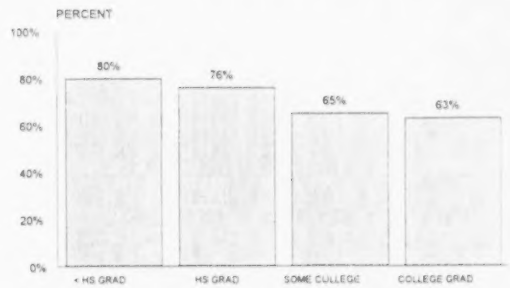
Similarly, Nebraska residents with annual household incomes above $20,000 were less likely (71 percent with no knowledge) than those with lower incomes (78 percent) to say they could not state their blood cholesterol level (Figure 79).

Figure 77
PREVALENCE OF UNKNOWN CHOLESTEROL LEVEL BY PLACE OF RESIDENCE (1991 - 1992)



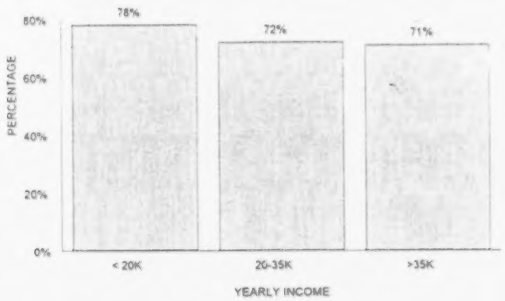
SOURCE: Nebraska BRFS 1991-1992

Figure 78
PREVALENCE OF UNKNOWN CHOLESTEROL LEVEL BY EDUCATION (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 79
PREVALENCE OF UNKNOWN CHOLESTEROL LEVEL BY INCOME (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Reported Cholesterol Levels

Definitions

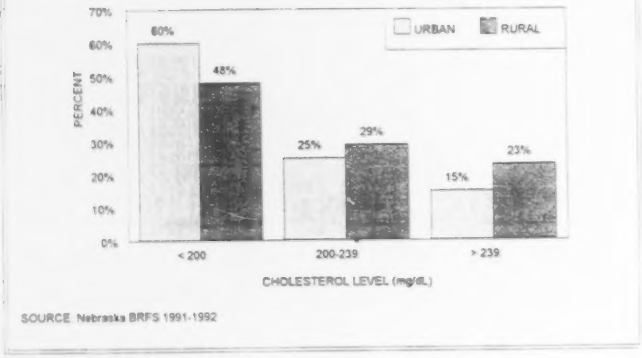
High blood cholesterol level: above 239 mg/dL.
Borderline high blood cholesterol level: 200 - 239 mg/dL.
Recommended blood cholesterol level: under 200 mg/dL.

Current Prevalence

About one-fourth of residents who had ever had their cholesterol level checked (23 percent) said they had been told by a doctor or other health professional that their blood cholesterol level is high.

Among respondents who were able to state their cholesterol levels, about half (54 percent) reported a blood cholesterol level under 200 mg/dL (the desirable level). Roughly one-fourth (27 percent) said their cholesterol was between 200 and 239 mg/dL (borderline high), while the remaining 19 percent reported levels above 239 mg/dL (high).

Figure 80
CHOLESTEROL LEVEL BY PLACE OF RESIDENCE 1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Who's at Risk in Nebraska?

Nearly sixty percent (60 percent) of the urban residents who were able to state their cholesterol levels said it was below 200 mg/dL (desirable level), compared to less than half (48 percent) of rural Nebraskans (Figure 80). Rural residents (23 percent) also were more likely than urban respondents (15 percent) to report a blood cholesterol level in the "high" range (above 239 mg/dL).

Nebraska and the Nation

Compared to the nation, a smaller proportion of adult Nebraskans said they had ever been told by a health professional that their blood cholesterol level was high (23 percent in Nebraska vs. 27 percent nationwide).

Year 2000 Objectives

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991 -92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
15.14	Blood Cholesterol Not Checked in Past 5 Yrs.	38%	–	34%	25%
	Blood Cholesterol Never Checked	34%	–	33%	–
15.7	Prevalence of High Blood Cholesterol (Ever Told by Health Professional)	23%	15%	27% (NHANES*)	20%

* National Health and Nutrition Examination Survey, 1987

Women's Health

Mammograms

According to the American Cancer Society, one of every nine women will develop breast cancer by the age of 85. Breast cancer was the most common type of cancer and the leading cause of cancer deaths occurring among women in Nebraska in 1991.

The American Cancer Society recommends that women have a screening mammogram by age forty; women aged 40 to 49 should have a mammogram every one to two years; asymptomatic women aged 50 and over should have a mammogram every year.

Definition

Women in the survey were read a description of "a medical exam called a mammogram. A mammogram is an x-ray of the breast and involves pressing the breast between two plastic plates." They were then asked, "Have you ever had a mammogram?"

Current Prevalence

Although the majority of women aged forty and over (66 percent) reported ever having a mammogram, 34 percent of women in this age group said they had never had one.

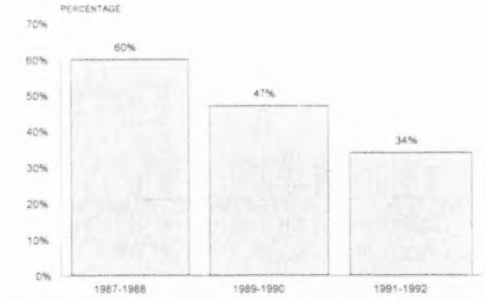
Trend over Time

The percentage of Nebraska women aged forty and older who never had a mammogram has decreased steadily since 1987-1988 when 60 percent said they had never had this screening performed (Figure 81). In the 1989-1990 BRFS, 47 percent reported never having a mammogram.

Who Has Not Received Screening?

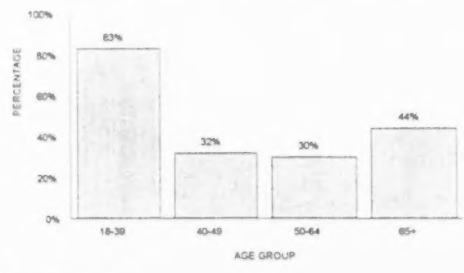
About one-third of the women aged 40 to 64 (31 percent) stated they had never had this test (Figure 82). Older women (aged 65 and up) were even more likely to report they had never had this test (44 percent). The majority of younger women (aged 18 through 39) said they had never had a mammogram (83 percent).

Figure 81
WOMEN AGE 40+ WHO NEVER HAD A MAMMOGRAM



SOURCE: Nebraska BRFS 1987-1992

Figure 82
NEVER HAD A MAMMOGRAM BY AGE
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Among women aged forty and older, one-third of those with at least a high school education (33 percent) reported they had never had a mammogram (Figure 83), compared to about half of women with less than a high school diploma (49 percent).

Similarly, women aged forty and older with household incomes under $20,000 per year (44 percent) were more likely to say they had never had this screening performed than women with higher incomes (28 percent). (Figure 84).

Last Mammogram

When asked how long it had been since their last mammogram, more than half (57 percent) of those respondents who ever had this test said they had one during the past twelve months (Figure 85). An additional 22 percent reported that their last mammogram was more than one but less than two years ago.

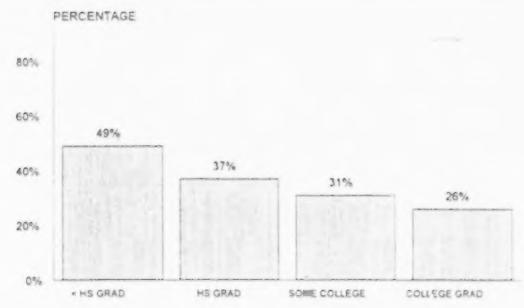
Among women aged fifty and over, 50 percent said they had their last mammogram within the past two years.

Reason for Mammogram

The majority of the women who had ever had a mammogram (83 percent) said they last had one done as a routine checkup. Most of the remainder (14 percent) had this test done because of a breast problem other than cancer. Only 3 percent stated they last had a mammogram because they had already had breast cancer.

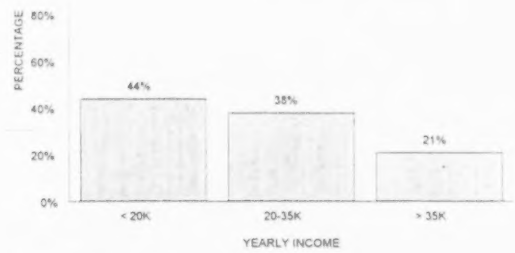
However, women 18 to 39 years of age (33 percent) were much more likely than women aged 40 and older (10 percent) to have a mammogram done because of a breast problem (Figure 86). For the older group, 86 percent had

Figure 83
WOMEN AGE 40+ WHO NEVER HAD A MAMMOGRAM
BY EDUCATION LEVEL (1991-1992)



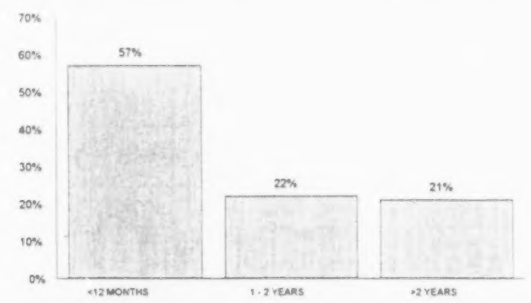
SOURCE: Nebraska BRFS 1991-1992

Figure 84
WOMEN AGE 40+ WHO NEVER HAD
MAMMOGRAM BY INCOME (1991 - 1992)



SOURCE: Nebraska BRFS 1991-1992

Figure 85
LENGTH OF TIME SINCE LAST MAMMOGRAM
AMONG WOMEN WHO HAVE HAD MAMMOGRAM



SOURCE: Nebraska BRFS 1991-1992

their last mammogram performed as a routine checkup, compared to 66 percent of younger women.

Nebraska and the Nation

The proportion of Nebraska women aged forty and older who had never had a mammogram (34 percent) was higher than the 1992 national median (26 percent), ranking Nebraska 46th of 49 states (Figure 87). The Nebraska percentage was also higher than the percentage in each of the surrounding states, where proportions ranged from 20 percent in Colorado to 31 percent in Kansas.

The proportion of Nebraska women aged fifty and older who had not had a mammogram done in the past two years (50 percent) was much higher than the national median (38 percent). Percentages in surrounding states were also lower than the Nebraska figure, ranging from 29 percent in Colorado to 43 percent in Kansas (Figure 88).

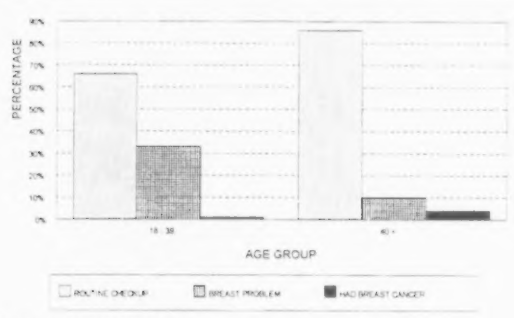
Clinical Breast Exams

The American Cancer Society recommends that women have a clinical physical examination of the breast every three years for women between the ages of twenty and forty and every year for women over forty.

Definition

Women in this survey were read the following description of a clinical breast exam: "During this exam, the breast is felt for lumps by a doctor, nurse, or other medical professional." They were then asked if they had "ever had a clinical breast exam."

Figure 86
REASON FOR MAMMOGRAM BY AGE
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Figure 87 - Women 40+ Who Never Had Mammogram
Nebraska and Surrounding States

National Average = 26%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Figure 88--Women Age 50+ Who Have Not Had Mammogram
in Past 2 Years--Nebraska & Surrounding States

National Average = 38%

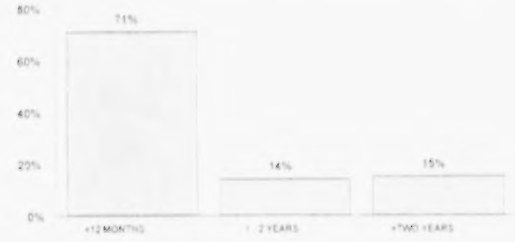
SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92
Other States, 1992

Current Prevalence

Although most of the women surveyed (89 percent) said they had at some time had a clinical breast exam, 11 percent had never had one.

When asked how long it had been since their last clinical breast exam, more than two-thirds (71 percent) of those who ever had this exam said they had one in the past year (Figure 89). Another 14 percent reported having their last exam between one and two years ago.

Figure 89
LENGTH OF TIME SINCE LAST CLINICAL BREAST EXAM (1991-1992)



* among women who have had a breast exam

SOURCE: Nebraska BRFS 1991-1992

Younger women and women aged 40 and over were equally likely to have a clinical breast exam because of a breast problem other than cancer (5 percent for each age bracket). However, the great majority in both age groups had this examination as a routine checkup (94 percent overall).

Year 2000 Objectives

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991 -92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
16.11	Clinical Breast Exam and Mammogram (Never Had)	(1992)			
	Women Age 40 +	41%	--	30%	20%
	Women Age 70 +	54%	--	NA	20%
16.11	No Clinical Breast Exam & Mammogram (Past 2 Yrs)	(1992)			
	Women Age 50 +	56%	--	44%	40%
	Women Age 70 +	67%	--	NA	40%

Pap Smears

The American Cancer Society recommends an annual Pap smear, along with an annual pelvic examination, for all women who are, or who have been, sexually active or who have reached the age of eighteen. After three or more consecutive annual examinations with normal findings, less frequent tests may be recommended at the discretion of the physician.

Definition

Female respondents who had not had a hysterectomy were read this description of a Pap smear: "A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present." They were then asked if they had "ever had a Pap smear."

Current Prevalence

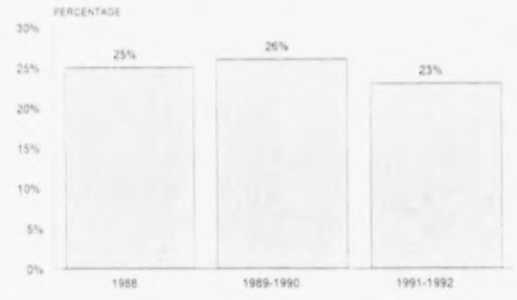
Among women who had not had a hysterectomy, nine out of ten (92 percent) reported having had a Pap smear at some time. However, 8 percent said they had never had this test.

Nearly two-thirds of the women surveyed in 1991 and 1992 (64 percent) said they had their last Pap smear done within the past year. More than three-fourths (77 percent) had this test performed during the past two years.

Trend over Time

The proportion of women who have not had a Pap smear in the past two years has remained fairly stable since 1988 (Figure 90).

Figure 90
WOMEN WHO DID NOT HAVE PAP SMEAR
IN PAST TWO YEARS

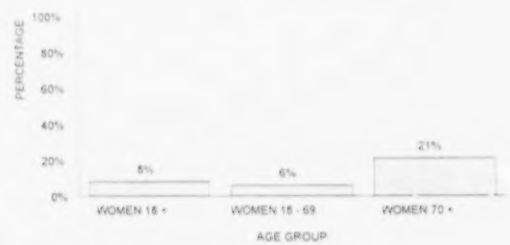


SOURCE: Nebraska BRFS 1988-1992

Who Has Not Received Screening?

Women aged 70 and older (21 percent) were more likely than younger women in this study (6 percent) to say they had never had a Pap smear (Figure 91).

Figure 91
NEVER HAD A PAP SMEAR BY AGE *
(1991 - 1992)



* among women who have not had a hysterectomy

SOURCE: Nebraska BRFS 1991-1992

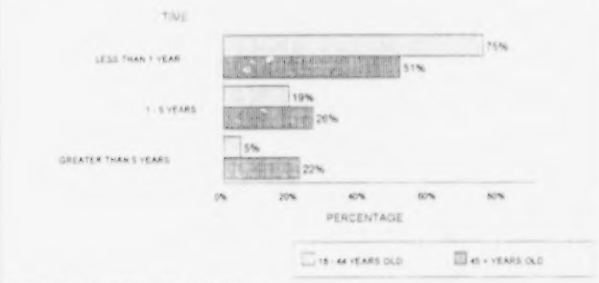
Three-fourths (75 percent) of women under age 45 reported having this test done in the past year, compared to only 51 percent of women aged 45 and older (Figure 92). Older women were also more likely to say that it was more than five years since they last had this test performed (22 percent vs. 5 percent of women under age 45).

Nebraska and the Nation

Nebraska was near the national average both in proportion of women who had never had a Pap smear (8 percent vs. 6 percent nationwide) and in proportion who had not had this test performed in the past two years (23 percent vs. 21 percent nationwide). (See Figures 93 and 94).

Each of the surrounding states except Iowa reported lower percentages of women not receiving Pap smears than Nebraska.

Figure 92
LENGTH OF TIME SINCE LAST PAP SMEAR BY AGE *
(1991-1992)



* among women who have not had a hysterectomy

SOURCE: Nebraska BRFS 1991-1992

Figure 93--Women Age 18+ Who Never Had Pap Smear
Nebraska and Surrounding States

National Average = 6%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92;
Other States, 1992

Figure 94--Women Who Did Not Have Pap Smear
in Past 2 Years (Age 18+)

National Average = 21%

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92;
Other States, 1992

Year 2000 Objectives

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
16.12	Pap Smear, Women w/Intact Uterine Cervix (Never Had)				
	Women Age 18 +	8%	--	6%	5%
	Women Age 70 +	21%	--	NA	5%
16.12	No Pap Smear, Women w/Intact Uterine Cervix (Past 2Yrs)				
	Women Age 18 +	23%	--	21%	15%
	Women Age 70 +	(1992) 61%	--	NA	30%

Access To Health Care

Lack of health insurance or inadequate insurance coverage prevents many people from getting needed care because they are financially unable to pay for services without the help of insurance.

Definitions

Last Checkup - Responses to the question "About how long has it been since you last visited a doctor for a routine checkup?"

No Health Care Plan - "No" to question "Do you have any kind of health care plan?"

Health Insurance Coverage - Responses to the question "Does your health care plan cover all, most, some or none of your expenses" with regard to: (1) hospital bills, (2) visits to a doctor's office when sick, and (3) checkups or other preventive services when not sick.

Unable to See Doctor Due to Cost - "Yes" to question "Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?"

Last Checkup

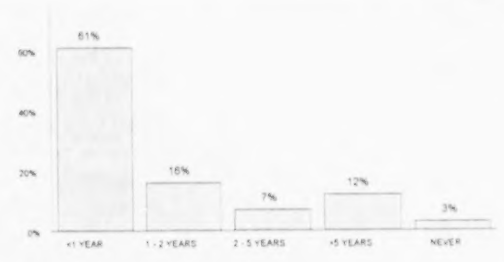
Six out of ten respondents (61 percent) stated that they had their last routine checkup within the past twelve months (Figure 95). An additional 16 percent had last visited their doctor for this purpose between 13 and 24 months ago. For 12 percent of the respondents, it had been more than five years since their last checkup.

No Health Care Plan

Although the majority of residents surveyed reported that they have some kind of health care plan, 11 percent said they have none.

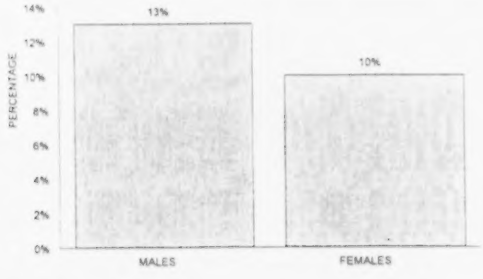
Males were somewhat more likely than females to have no health care plan (13 percent of males compared to 10 percent of females). (Figure 96).

Figure 95
LENGTH OF TIME SINCE LAST DOCTOR VISIT
(1991-1992)



SOURCE: Nebraska BRFS 1991-1992

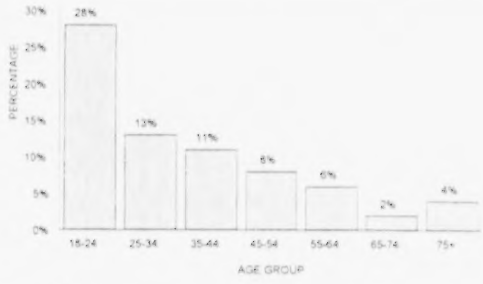
Figure 96
PREVALENCE OF UNINSURED
MALE/FEMALE 1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

The percentage of elderly respondents (aged 65 years and older) who stated that they have no health care plan was small (3 percent), because of the availability of Medicare (Figure 97). The proportion of residents without a health care plan was by far the highest (28 percent) among young adults aged 18 to 24 years.

Figure 97
PREVALENCE OF UNINSURED BY AGE
1991 - 1992



SOURCE: Nebraska BRFS 1991-1992

Health Insurance Coverage

Hospital Bills. Among those with a health care plan, about one-fifth (21 percent) stated that it covers all their hospital expenses, while 64 percent said it would cover most of their hospital bills.

Less than one percent have a health care plan which provides no coverage for hospital services. A few respondents (6 percent) did not know if their plan covers hospital charges.

Doctor Visits for Illness. Expenses for visits to a doctor's office for illness were generally not covered as extensively as hospital bills. Sixteen percent of respondents reported that their health care plan would pay in full for all physician office visits for illness.

Less than half (47 percent) said it would cover most charges for these visits and 12 percent stated that their plan would not supply any payment for these services. A small proportion of respondents (7 percent) were uncertain whether or not their health care plan covers office visits for illness.

Checkups/Preventive Services. Coverage for checkups and other preventive services was less prevalent than coverage for hospital services or office visits for illness.

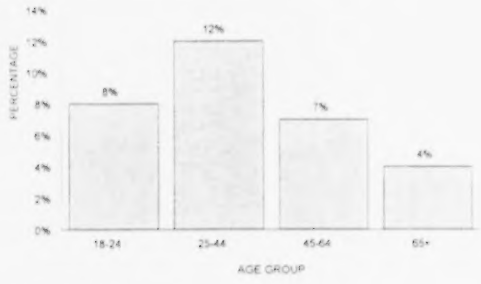
Although 14 percent of respondents in this survey said they would receive full coverage for preventive care, only 28 percent reported that their plan would cover "most" charges.

A substantial proportion of respondents have a health care plan which would only pay for "some" (18 percent) or none (26 percent) of the bills for these services. A number of respondents (14 percent) said they did not know if preventive services were covered in their plan.

Unable to See a Doctor Due to Cost. Overall, 9 percent stated that there had been a time in the past twelve months when potential cost of care had prevented them from seeing a physician.

Respondents in the 25-to-44 age bracket were most likely to report that, on at least one occasion, they had been unable to see a doctor because of the potential cost of care (12 percent). Only 4 percent of the older respondents (aged 65 and up) reported that they had chosen to forego a needed visit to a physician because of cost (Figure 98).

Figure 98
UNABLE TO SEE DOCTOR DUE TO COST
BY AGE (1991 - 1992)



SOURCE: Nebraska BRFS, 1991-92

Nebraska and the Nation

Fourteen percent of adults nationwide stated they had no health care plan in 1992, compared to 11 percent in Nebraska (1991-1992). Nebraskans also fared better than residents of surrounding states in terms of health insurance coverage, except for Iowa where 10 percent were without a health care plan (Figure 99).

Figure 99--Proportion of Adults With No
Health Care Plan--Nebraska and Surrounding States

SOURCE: Behavioral Risk Factor Survey--Nebraska, 1991-92;
Other States, 1992

Year 2000 Objective

Objective Number	Year 2000 Objective	Nebraska Prevalence 1991-92 BRFS	Nebraska Year 2000 Objective	National Prevalence 1992 BRFS	National Year 2000 Objective
21.4	Percent of People Who Have No Health Insurance Age 18+	11%	0%	14%	0%

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